

Education Committee
Briefing Paper

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This briefing covers three main issues:

1. The mental health impact of the pandemic and the current situation in relation to young people's mental health.
2. The importance of early intervention and prevention and the school setting.
3. Mental health as a priority for the Independent Review of Education.

Mental health impact of the pandemic – the current situation

At previous briefings to this Committee and the Health Committee I highlighted the impact of the pandemic on the mental health of our children and young people. Before the pandemic 25% more children and young people in Northern Ireland had mental health difficulties than in nearby regions. One in eight had mental health condition, a tenth had conduct problems and one in seven had hyperactivity. There was a clear deprivation gradient with most mental health conditions being more common in deprived areas (e.g. emotional & behavioural problems were 16.5% in the most deprived vs 7.8% in the least deprived quintiles). One in six young people had symptoms of disordered eating, one in 10 had self-harmed, and one in eight reported suicidal thoughts or attempts (Bunting et al., 2020).

Research shows that young people's mental health has been more heavily impacted by the pandemic and the restrictions, than any other age group. The pandemic had led to an increase in the symptoms of mental ill health and dysregulation, and behavioural, emotional and attention difficulties, which are related to an elevated risk of mental ill health. Rates were higher among younger children, children with special educational needs (SEN) or neurodevelopmental disorders (ND), and those who lived in deprived areas had a worse experience. We also know that mental health symptoms increased during the periods of time when there were restrictions to children's activities and services, and a reduction in face to face teaching in schools (Skripkauskaitė et al., 2020). However, it is important to add that many young people benefited from being at home; in one study 33% reported better mental health at the time of the first restrictions (Soneson et al., 2022). This mirrors a wealth of literature which demonstrate that for some children school is not a safe place. It also reflects a trend that existed prior to the pandemic, towards an increase in anxiety, poor mental health and suicidal behaviour in young people generally, and particularly during term time and at exam periods.

The most recent report from the Co-space study presents the data on mental health symptoms from March 2020 to June 2021. On a positive note, the study showed that behavioural, emotional, and attentional difficulties decreased as restrictions eased, and then remained relatively stable. The decrease in symptoms was especially pronounced for

primary school aged children (4-10 years old), and this was the age group who experienced the highest levels of difficulties. The research gives us hope that the additional negative impact of the pandemic on the majority of children and young people was relatively short lived. However, there remains concern about the children with SEN/ND and those from low-income households who have not shown this recovery and have continued to have elevated mental health symptoms (Skripkauskaite et al., 2021). The emotional and behavioural symptoms experienced by young people during the pandemic will increase the risk of mental illness in some young people, and is likely to result in more young people needing mental health services. Both the Departments of Health and Education have delivered additional services to support mental health in young people, however this may not be sufficient. The majority of contacts to the Department of Education's Text a Nurse programme were in relation to emotional health and wellbeing (57%, Department of Health, 2022), and my concern is that these young people who are reaching out for support and treatments right now, may end up on waiting lists for extended periods of time, as their mental health deteriorates further. The evidence shows that, left untreated, these conditions impact on educational attainment and the need for additional educational support (Lereya et al., 2019). The 10-year Mental Health Strategy includes very strong sections on Child and Adolescent Mental Health Services and an increase in the proportion of funding for CAMHS. It is vital that the additional 34% is added to the Department of Health's Mental Health budget to deliver the Strategy in full. I am of course concerned that the absence of an Executive will lead to the funding not being released.

Studies have demonstrated other impacts of the pandemic which may not be so short lived; and a scarring effect on young people's sense of hope for the future (Prince's Trust, 2022), that may well also be related to the current economic situation and the "cost of living crisis". The Princes Trust's Young People in Lockdown survey found that 31% of young people were overwhelmed by daily feelings of panic and anxiety, 48% felt that finding a job now seems impossible, 54% 'always' or 'often' felt stressed, 28% felt powerless to change their future and 45% always or often anxious (Prince's Trust, 2020). The Executive's Covid Recovery Plan includes actions to address these issues; it is important that these are also delivered in full (The Executive Office, 2021), and that efforts are made to put hope for young people at the very top of the agenda.

The importance of early intervention and prevention and the school setting

Many of the factors that influence mental health can be modified, and there is mounting evidence that by intervening at an early stage we can prevent mental illness and much of the associated distress and suffering. The Mental Health Foundation's recent report showing that the economic cost of mental ill health in NI is £3.4 billion annually (equivalent to half the whole Department of Health budget), makes for stark reading. Notably, 56% of these costs were for people aged 15-49 years, and the cost includes cost to Education. The review team also looked at the types of interventions that are effective to reduce these costs; and prevention and early intervention came out on top (McDaid & Park, 2022). Treating mental illness is costly, the treatments do not always work first time, and it can be difficult identifying the right approach for each person. This is exemplified in NI by the fact that in 2020/ 21, 40% (4344) of children and young people were discharged from CAMHS without their goal being fully achieved (including 26% (1811) who disengaged before

treatment was complete) (NICCY, 2022). We must of course continue to provide treatments, but prevention and early intervention is preferable from every perspective.

School is a key environment that shapes young people's mental health, in which early intervention and prevention needs to happen. Many excellent resources are available for NI's schools. The Mental Health Foundation report identifies anti-bullying programmes as an evidence-based cost-effective way of preventing poor mental health. NI Anti-Bullying Forum have an impressive resource for schools to effectively tackle this problem and it is essential that schools' use of the resource, and management of bullying in general, is monitored (NIABF, 2022). There have been recent calls for the inclusion of mental health in the NI Curriculum, and the development of early intervention services within schools. The positive news is that much of what is requested is already available. CEA's Wellbeing Hub promotes the learning and development of skills that support pupils' wellbeing and mental health. It includes self-awareness, self-management, decision making and social awareness, and addresses many of the key aspects of the resilience programmes that we know work. The difficulty appears to be with the extent to which these resources are used and the quality of the delivery within schools, particularly at post-primary level, where the emphasis shifts to academic qualifications. The quality of provision will vary widely depending on whether teachers are trained and committed to this area of the curriculum, and ultimately whether school leaders and Governors prioritise this area. I can list examples of schools across NI who are exemplary in the way that they are addressing the social and emotional wellbeing and mental health needs of their pupils, including those with bespoke subjects and specialist workers to ensure that their pupils grow and flourish. However, schools need to make tough decisions about how to fund the activity; leaders and Governors may not have the knowledge of what they could be doing, and parents do not have access to the information that they need on the provision and the relevant outcomes.

The curriculum resources support and align with the Department of Education's Framework for Emotional Health and Wellbeing in Education (Department of Education, 2021). The Framework is comprehensive; it promotes a strong "whole school" approach, including early intervention and prevention, as well as early support, enhanced support and links with mental health services. We need increased awareness across the population of the existence of these resources, and of the Framework itself. Even more importantly, the Framework for Emotional Health and Wellbeing in Education must be implemented fully, and of course funding will be required to do this. Funding of the Framework is however, only one part of the solution. For example, the interventions which are included need to be delivered by appropriately qualified staff with stable contracts, career pathways and supervision structures. Workforce planning is therefore fundamental and this sits as a key enabling action within the Mental Health Strategy (Department of Health, 2021).

Mental health as a priority for the Independent Review of Education

Mental health is influenced by stress, pressure and trauma; the environment within which a person lives; and the person's ability to cope. The curriculum resources and Framework target coping and early intervention for when things start to go wrong. We must do much more in relation to the other causes of mental ill health which are influenced by the school environment. Much of the pressure that our young people are under results from the education system itself. School life, particularly at post-primary level, starting with the

Transfer Test, is characterised by high stakes exams, where we rank students against one another on a narrow range of subjects, rather than allowing them to demonstrate their unique strengths. Schools themselves are classified in league tables on the basis of the proportions with high scores at GCSE and A-Level. Examinations and grading were among the top sources of stress, and causes of poor mental health in NI's parents during the pandemic with 50% saying that it was their top area of concern (Parenting NI, 2021). The provision of free summer programmes was a very positive step to support the mental health of young people, particularly those in deprived areas. Excellent resources and guidance were available to encourage emotional regulation and therapeutic connection at school restart. Anecdotal evidence from young people however confirmed that, on returning to education, the emphasis moved quickly to "catch-up" and exam preparation; and young people themselves reported that this was what really mattered.

It is impossible to find league tables which focus on children's growth trajectories and goals; and whether they have developed vital coping skills, critical thinking and self-awareness. Our unique social and political context, the high rates of poverty and inequalities, and the lack of places in local universities may contribute to a scarcity mindset that promotes unhealthy competitiveness and anxiety about never being good enough. The cost is high, as shown in our youth mental health statistics; and our studies in Ulster University show that a third of students had seriously considered suicide, and one in five made a plan for suicide in the year prior to University (O'Neill et al., 2018).

Wellbeing in the curriculum, early intervention, and treatments for mental illness are all important, and the resources and plans that are available now need to be implemented. However real change requires leadership and a change in mindset and ethos, from the top down. The system must value growth; and evaluate schools on the basis of how they support pupils to become confident, self-aware, learners, able to set and achieve educational goals. Those who work within the system should have an understanding of trauma informed practice, and their roles in relation to this. This does not require teachers to become mental health professionals, but it does change the way that behaviour is managed within schools, and power relationships across the school community. This shift in ethos will also necessitate changes to teacher training, a recognition of the importance of staff wellbeing, and of course, a healthy working environment. It is in this context that young people will learn successfully, and flourish to become responsible citizens who contribute effectively to society.

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