North South Inter-Parliamentary Association

Second meeting

Positive mental health strategies

5th April 2013

Background briefing prepared by the Research and Information Service (RalSe) of the Northern Ireland Assembly and the Library & Research Service of the Houses of the Oireachtas (*Tithe an Oireachtais*)

This paper is accurate as at the date of publication. It is primarily based on secondary sources. It has, on a confidential basis, been provided for use by the North/South Inter-Parliamentary Association. It is not intended that this document should be circulated or reproduced for any other purpose.

Contents

Key points

- Good mental health is about resilience, adapting to challenges, getting the most out of life and having a positive sense of well-being and self-worth.

- Mental ill health refers to symptoms that can disrupt the way in which a person thinks, feels and behaves. This can range from worries experienced as part of everyday life, to serious long-term conditions.

- Depression is the most common mental health problem.

- Everyone has the potential to suffer from poor mental health, no matter what age, gender, socio-economic status, or ethnic group they belong to.

- As many as 1 in 4 people will suffer from a mental health condition at some point in their lives. Mental health can also affect particular groups. For example, women are more likely to experience anxiety disorders and depression whereas men are more likely to experience drug and alcohol addictions, personality disorders and suicide.

- The direct and indirect costs associated with mental illness are immense: estimates suggest the total cost is around £2.8 billion in Northern Ireland and €3 billion in Ireland. Despite this, funding towards mental health services and mental health promotion is disproportionately low.

- Raising awareness of mental health is crucial. Encouraging positive mental health can take a general population approach or be targeted at at-risk groups. Individuals can also adopt a range of coping strategies.

- Positive mental health strategies and policies should involve the cooperation of a wide range of stakeholders. Developing community mental health services and good access to primary care support are also important.

- A cross-jurisdictional approach to policy and research in mental health allows the sharing of experience and expertise. Yet at present, there is no all-island strategy to promote mental health and well-being.

- In addition, the importance of population-based survey data for mental health policy and health service planning should not be underestimated.

- Positive mental health programmes, such as the 'Jigsaw' initiative, which is taking place in schools in the Republic, targets young people in surroundings in which they are comfortable. These types of initiatives also help to build resilience later on in life.

1. Introduction

1.1 Mental health and mental ill health

Mental health is defined as a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community.[1] Mental health affects everyone in society and is said to be as important as physical health.[2] Good mental health is about resilience, adapting to challenges and adversity, getting the most out of life and having a positive sense of well-being and self-worth.

Mental ill health is a broad concept which refers to symptoms that can disrupt the way in which a person thinks, feels and behaves. This can range from worries experienced as part of everyday life, to serious long-term conditions. Common examples of mental health problems include depression, anxiety, addictions, dementia, obsessive compulsive disorder, bipolar disorder, schizophrenia, personality disorders and eating disorders.[3] Some of these problems fade with time and the person completely recovers, while other problems are long term and need to be managed, for example through medication. When a mental health problem lasts for long periods of time and begins to significantly change a person's daily life or cause them distress, it is possible that a mental illness is developing.

Everyone has the potential to suffer from mental ill health, no matter what age, gender, socio-economic status, or ethnic group they belong to. A range of social, psychological, and biological factors can also increase the risk of developing a mental health problem. For example stressful or traumatic life events, abuse, lifestyle behaviours, deprivation, conflict, unemployment, bereavement, financial worries and physical illnesses can increase susceptibility to mental ill health.[4] In addition, mental health problems are more prevalent in certain groups. Women are more likely to experience anxiety disorders and depression. Conversely, men are more likely to experience drug and alcohol addictions, personality disorders and suicide.

[1] http://www.who.int/features/factfiles/mental_health/en/index.html
[2] Minding Your Head (Northern Ireland) Website: Mental Health. Website accessed 15.3.13
[3] The Royal College of Psychiatrists Website: Mental Health Information for All. Website accessed 11.3.13
[4] DHSSPS (2003) Promoting Mental Health: Strategy and Action Plan, p18-19.

2. Impact of Mental ill Health

2.1 Statistics

Some of the key statistics on mental ill health illustrate the scale of the problem:

- Mental ill health is the single biggest cause of disability in the Western world.[5]
- Around 450 million people worldwide have a mental health problem.[6] As many as 1 in 4 people will suffer from a mental health condition at some point in their lives.[7]
- Up to 20% of children and adolescents worldwide experience a disabling mental health problem.[8]
- Depression is the most common mental health problem.[9]
- Mental health problems adversely impact on many areas of people's lives such as their work and personal relationships. [10]
- Research shows that individuals who experienced a conflict-related traumatic event relating to the "Troubles" are more likely to have a mental illness at some point in their lives.[11]
- People suffering mental ill health face considerable stigma and discrimination and because of this, often delay seeking help.

2.2 Northern Ireland and Ireland

Statistics on mental health are relatively recent and include data gathered by *National Psychological Wellbeing and Distress Survey* (HRB NPWDS), the *Northern Ireland Health and Social Wellbeing Survey*, and the *Northern Ireland Study of Health and Stress*.[12] Data from the second all island HRB NPWDS (2007) shows that:

• Respondents in Northern Ireland showed a higher prevalence of self-reported mental health problems, than respondents in the Republic.

• Respondents in Northern Ireland reported more severe limitations in social and physical activities due to mental health problems than respondents in the Republic.

• Psychological distress was similar in both jurisdictions.

[5] World Health Organisation. Mental Health: Strengthening our response. Website accessed 15.3.13
[6] World Health Organisation (2004), Prevention of mental disorders summary report, p13.
[7] The Office for National Statistics Psychiatric Morbidity Report, 2001.
[8] Amnesty International and Children's Rights Alliance (2011). Children's Mental Health Coalition Background Paper.
[9] Centres for Disease Control and Prevention Website. Mental health basics. Website accessed 15.3.13
[10] NICE (2007) *Public health interventions to promote positive mental health and prevent mental health disorders among adults*, p2.
[11] *Troubled consequences: A report on the mental health impact of the civil conflict in Northern Ireland* Bamford Centre for Mental Health and Wellbeing at the University of Ulster,
[12] These results come from the second HRB NPWDS all-island survey conducted in 2007.

• There were much higher levels of medication use for mental health problems in Northern Ireland (14%) compared to the Republic (6%).

• The treatment gap for mental health problems would appear to be less in Northern Ireland than in the Republic, as a greater number of people who reported mental health problems in Northern Ireland had attended GP services in the north.

• Both jurisdictions were similar in terms of informal support; the two main preferred sources of supports were GPs and family and friends.

Despite these findings, there has been a lack of population-based studies on mental health in Ireland, north and south. In its publication *Mental health and associated health service use on the island of Ireland* (2009), the Health Research Board states[13]:

> *"The importance of population-based survey data for mental health policy and health service planning should not be underestimated. The information from surveys provides an evidence base for determining the health needs of the population and for health service planning and development."*

A database containing indicators to measure the prevalence of mood and anxiety disorders on an all-Ireland basis (called the All-Ireland Health and Social Care Indicator Set) was established by the Institute of Public Health in Ireland.

2.3 Costs

The costs associated with mental health problems are considerable. An OECD (2008) report[14] suggests that 21 million people in 28 European countries have depression, with an associated cost of more than €118 billion (1% of the region's GDP). This includes direct costs of €42 billion, comprised of outpatient care (€22 billion), pharmaceuticals (€9 billion) and hospitalisation (€10 billion), but indirect costs due to work absenteeism and premature mortality accounted for two-thirds of the total (€76 billion).

- The total cost for mental illness in Northern Ireland is estimated to be £2.8 billion.[15] This includes the cost of care, loss of output and the human cost.
- In Ireland, whilst there is no up-to-date figure on the costs of mental ill health, in 2006 it was estimated that the direct annual costs of poor mental health was €3 billion.[16]

[13] See: http://www.hrb.ie/publications/hrb-publication/publications//494/
[14] OECD.(2008).Mental Health in OECD Countries. www.oecd.org/dataoecd/6/48/41686440.pdf
[15] Cyhlarova, E et al. (2010) Economic burden of mental illness cannot be tackled without research investment. Mental Health Foundation, p3.
[16] http://www.mentalhealthreform.ie/home/mental-health-in-ireland/

3. Positive mental health strategies

3.1 Mental Health Promotion: A whole population approach

Mental health promotion is key to helping reduce the incidence of mental ill health at a population level. This involves the creation of living conditions and environments that support mental health and allow people to adopt and maintain healthy lifestyles.[17] Promoting positive mental health is for everyone - in all life stages, not only for people with good mental health, but also for those at risk, and those suffering from mental illness. Such a 'whole population' approach can protect and prevent people from developing a mental illness in the first place, help people identify when others need help, and lead to better life outcomes and social and economic benefits to society.[18] In addition, mental health promotion is also relevant to a wide range of policy initiatives (not only health), such as social inclusion, neighbourhood renewal, community strategies, and health at work.[19]

However, relative to its importance as a health problem, spending on mental health promotion and appropriate services is disproportionately low.[20]

3.2 Targeted initiatives

Evidence also suggests that mental health promotion, mental illness prevention, and suicide prevention are made more effective by targeting groups (defined by age or other criteria) in particular settings (such as school, workplace, home, prison).[21] A wide range of initiatives which promote positive mental health and well-being are taking place in Northern Ireland and Ireland. Some examples of these initiatives include:

- Early childhood interventions (e.g. home visits for pregnant women);
- Parenting programmes;
- Educational programmes in schools (e.g. anti-bullying programmes);
- Youth programmes (e.g. reducing substance misuse and aggressive behaviour);
- Social support for older people (e.g. befriending schemes);
- Programmes targeted at vulnerable groups, including minority groups and people affected by conflict/violence and those in prison;
- Mental health promotion at work (e.g. stress prevention programmes); and
- Community programmes (e.g. suicide awareness, social inclusion and rural programmes).

Examples of three initiatives in promoting mental health are provided in Section 6 of this paper.

[17] DHSSPS (2003) Promoting Mental Health: Strategy and Action Plan, p5.
[18] Northern Ireland Association for Mental Health, Mental Health Promotion, Building an Economic Case, p6.
[19] Bamford Review (2006) Mental Health Improvement and Well-being, p18.
[20] Northern Ireland Association for Mental Health, Mental Health Promotion, Building an Economic Case, p21.
[21] Bamford Review (2006) Mental Health Improvement and Well-being, Chapter 5.

3.3 Self-help coping strategies

Literature on mental health also suggests that individuals can adopt a range of proactive coping strategies which can positively impact on their mental and emotional well-being. [22,23] Some examples include:

- Taking regular exercise, preferably with other people;
- Getting enough sleep;
- Good nutrition;
- Relaxation techniques;
- Drinking sensibly, limiting smoking and the use of prescription and illegal drugs;
- Talking about feelings to trusted people and having social supports;
- Accepting yourself;
- Keep learning;
- Minimising stress levels;
- Making leisure time a priority and taking regular breaks; and
- Taking up a hobby, something enjoyable or creative.

4. Mental health policy directions

4.1 Northern Ireland

The Department of Health Social Service and Public Safety (DHSSPS) in Northern Ireland has stated that it intends to promote good mental health through an integrated partnership approach across government, community and business sectors.

The original mental health promotion strategy published by the Department was entitled *Promoting Mental Health - Strategy and Action Plan* (2003-2008).[24] Since then, a new *Mental Health and Wellbeing Promotion Strategy* was due to be published 2012. However, the DHSSPS has advised of its intention to now link the development of the new mental health and wellbeing promotion strategy with the development of new suicide prevention strategy - with the aim of publishing a single strategy in 2014.[25]

There are a number of other policy documents that refer to the importance of good mental health. For example, in 2002 the Department commissioned an independent review of law, policy and provision in relation to mental health and learning disability in Northern Ireland. This became known as the Bamford Review. One of the Reviews publications, entitled

[22] Mental Health Foundation Website. How can we help ourselves? Website accessed 15.3.13
[23] Public Health Agency. Looking after your mental health, p3.
[24] DHSSPS (2003) *Promoting Mental Health - Strategy and Action Plan* (2003-2008).
[25] Correspondence with DHSSPS and author, correspondence dated 21.3.13

Mental Health Improvement and Well-being (2006)[26] called for the mental health of the whole community and those at risk of suicide to be promoted and protected through preventative action. More widely, the Review also made a series of recommendations to improve mental health, increase service provision, and reform current mental health legislation. This was later followed by the *Bamford Action Plan (2009-2011)* published by the DHSSPS in response to the Bamford recommendations.

Increasing good mental health in the population has also been a key objective in numerous other departmental strategies such as *Protect Life – A shared vision (2012-14)* the refreshed suicide strategy[27], and *Fit and Well* (2012-2022).[28] It is also a key feature in the current *Programme for Government* 2011-2015 which lists "*acting to improve the mental health and wellbeing of our people*"[29] under its 'Priority 1' heading. Furthermore, the Public Health Agency has been involved in a number of public health campaigns to increase awareness in the population about looking after their mental health, through initiatives such as 'Under the Surface' and 'Minding Your Head'.[30]

4.2 Ireland

The Mental Health Commission was established in April 2002 to promote and foster high standards and good practices in the delivery of mental health services. Ireland's mental health policy is outlined in *A Vision for Change (2006).*[31]A Vision for Change takes a person-centred treatment approach which builds on service users' social networks and concentrates on community integration. A Vision for Change recommends that:

> *"…mental health promotion should be available for all age groups, to enhance protective factors and decrease risk factors for developing mental health problems."*

The Mental Health Commission (2009) report[32], *From Vision to Action?,* identifies the following key barriers to implementing *A Vision for Change:*

- A lack of Health Service Executive (HSE) senior management engagement in policy development, thereby compromising buy-in.

[26] DHSSPS (2006) *Mental Health Improvement and Well-being* http://www.dhsspsni.gov.uk/mentalhealth-promotion-report.pdf
[27] DHSSPS 2012 http://www.dhsspsni.gov.uk/suicide_strategy.pdf
[28] DHSSPS.(2012) Fit and Well.
[29] NI Programme for Government (2011-2015) http://www.northernireland.gov.uk/pfg-2011-2015-final-report.pdf
[30] http://www.publichealth.hscni.net/publications/under-surface-mental-health-campaign-posters
[31] Available online at: http://www.hse.ie/eng/services/Publications/services/Mentalhealth/Mental_Health_-_A_Vision_for_Change.pdf
[32] Available online at: http://www.effectiveservices.org/images/uploads/From%20vision%20to%20action_%20An%20analysis%20of%20the%20implementation%20of%20a%20vision%20for%20change.pdf

- Local Health Managers have a very wide brief and may not necessarily have the expertise or knowledge of the mental health system.
- The absence of dedicated leadership and accountability within the HSE.
- A lack of funding and resources.
- In the current Plan, the emphasis is on the process with little evidence of focus on outcome.
- A lack of an evidence base grounded in service provision.
- A lack of creativity in looking at alternative ways of delivering services that achieve the same outcomes at lower cost.
- New services have tended to be overlaid on older practices, resulting in double-funding in a way that is unsustainable.
- The HSE implementation plan provides no sense of the overall HSE vision for mental health services.
- A lack of service user involvement in planning services.

In April 2009 the HSE published an implementation plan called *A Vision for Change 2009-2013*. To aid the transparency of the implementation process, the HSE has developed 'Vision on Line' which allows information on Mental Health service provision to be gathered and displayed in one place in a logical order. In addition the HSE newsletter, *A Vision for Change Advancing Mental Health in Ireland e-Newsletter*, also informs the public of progress made.

In addition, the Department of Education and Skills is responsible for Social Personal and Health Education (SPHE) which is a mandatory part of the curriculum in primary schools and in junior cycle since 2003 and is designed to promote positive mental health.

Both Northern Ireland and Ireland have established Monitoring Groups to drive the implementation process of their mental health policies. These groups are made up of high level representatives from statutory and voluntary health and social care backgrounds.
In May 2008 these Monitoring groups held a joint meeting in Farmleigh House, Dublin. It was intended that both groups would benefit from sharing their knowledge and experience.

5. Cross-border strategies to promote mental health

5.1 Cross-border cooperation

In 2002 the Centre for Cross Border Studies and the Institute of Public Health in Ireland considered the feasibility of cross border mental health promotion in detail and published a series of recommendations.[33] Given the prevalence of mental ill health, their report called for coordinated action in developing comprehensive mental health promotion strategies in order to reduce the future incidence of mental health problems. Several case study projects

[33] Barry, M. et al., (2002) Promoting Mental Health and Social Well-being: Cross-Border Opportunities and Challenges. A Report for the Centre For Cross Border Studies & the Institute of Public Health in Ireland.

were highlighted, such as supporting people with cancer, postnatal depression, public awareness of suicide, mental health of young men, and mental health in rural communities. The report suggests that there is a need to reduce barriers to create effective models of cross-border collaboration and to create appropriate structures which will facilitate dissemination of best practice. It also concludes that:

> *"…for successful cross-border collaboration in this area there needs to be support at a high political level. Co-operation on health promotion is on the agenda of the North/South Ministerial Council and over the past number of years co-operation at the level of exchange of information and experiences has taken place. It is now timely to give greater visibility to mental health promotion on this agenda and to agree strategically on priority areas and the types of support needed for co-operation in terms of formal structures and dedicated funding. The search for more effective and efficient strategies to work collaboratively across the Irish border on mental health promotion programmes and strategies is a key challenge for the next decade."*[34]

More recently, research in 2009 examined cross border mental health promotion and identified that such initiatives remained problematic in the absence of an all island strategy. It states:

> *"In Ireland, this is a period of substantial review and reflection on mental health policy and practice, but to date little consideration has been given to the development of a cross-border strategy. Cooperation and collaboration has been largely dependent on the leadership of a number of individuals supported by short-term European Union funding…. In the absence of a statutory all-Ireland coordinated policy overseeing the development of mental health promotion, the sustainability of projects emerge as a key issue".*[35]

The Centre for Cross Border Studies also published a paper[36] detailing the importance of a cross-jurisdictional approach to policy and research in mental health. The paper notes the similarity of broad policy strategies/goals and cites the following issues as common to the agenda of both jurisdictions:

- Overarching focus on recovery ethos;
- The relationship between community mental health and primary care;
- Developing an appropriate workforce for reorganised services;
- Increasing the participation of users and carers in services; and
- The development of shared services for specialist areas of mental health.

The paper concluded that both jurisdictions seek:

[34] Promoting Mental Health and Social Well-being: Cross-Border Opportunities and Challenges. A Report for the Centre For Cross Border Studies & the Institute of Public Health in Ireland, p123
[35] Heenan, D. Working across borders to promote positive mental health and well-being. *Disability and Society*, 24(6), October 2009, pp.715-726.
[36] Mental Health: The case for a cross jurisdictional approach combining policy and research efforts on the Island of Ireland (2009).

> *"…greater public awareness of mental health issues; the transformation of services away from institutions to community care; a greater focus on tackling social exclusion; new investments in mental health services; increased attention to the experience and expertise of service users."*

5.2 CAWT

One area where mental health co-operation has taken place is through Cooperation and Working Together (CAWT). CAWT is a partnership agreement which aims to facilitate North and South cooperation in the areas of health and social care. Between 2006 and 2008, CAWT secured funding to deliver six cross-border mental health projects from EU Peace and Interreg Programmes. These projects include:[37]

- The promotion of positive mental health in young people;
- Mental Health 1st Aid Training;
- North/ South suicide research (The North/ South Urban Rural Epidemiology Study of Suicide Behaviour Study); and
- The training of carers of people with severe mental illness.

6. Positive mental health strategies: Case studies

6.1 Jigsaw Meath: Whole-school approach to mental health

The final section of this paper considers examples of initiatives taking place across Ireland which aim to promote mental health.

The whole-school approach to mental health is favoured by many experts in the field of mental health promotion as it involves students, staff, parents and is sustained over time; factors which tend to make intervention more successful.[38] Jigsaw[39] is an initiative undertaken by the group Headstrong which, since its founding in 2006:

> *"…works with communities and statutory services to empower young people to develop the **skills, self-confidence and resilience** to cope with mental health challenges…to access quality support, when they need it, in settings where they feel safe, comfortable and respected."*

The Jigsaw project works with young people aged 12- 25 and is currently established in four sites around Ireland, in Counties: Galway, Kerry, Meath and Roscommon. Seven more are being developed in Donegal, Offaly, Dublin 15, North Fingal, Tallaght, Clondalkin, and

[37] Clarke, P. (2009). Mental Health: The case for a cross jurisdictional approach combining policy and research efforts on the Island of Ireland.
[38] Clarke, A.M. and Barry, M. (2010). An evaluation of the Zippy"s Friends emotional wellbeing programme for primary schools in Ireland.
[39] http://www.mentalhealthireland.ie/projects-a-activities/jigsaw-project.html

Limerick. The schools element of Jigsaw was developed initially, with some guidance from the Gatehouse[40] Model of a whole school approach to mental health.

The Jigsaw Meath project began in 2009/2010 with commitment from school principals in embracing a pilot approach to better supporting young people. Aside from schools, other partners include: HSE Psychology, National Educational Psychological Services (NEPS), Meath Vocational Education Committee and Headstrong (The National Centre for Youth Mental Health - a non-profit organisation). In addition there are monthly interagency meetings with other service representatives including Social Physical and Health Education (SPHE), Gardaí, Guidance Counsellors, Child and Adolescent Mental Health Services (CAMHS), Youth Reach[41] and the Children's Services Committee.[42]

Each participating school established an Adolescent Health Team (AHT) consisting of: the school principal, young people, Guidance Counsellor, SPHE, NEPS, HSE Psychologist and parents. The main role of the AHT is to identify supports for the whole school, examine policies, find innovative solutions and promote mental wellbeing. Each school also has a Case Team where the best strategy to support young people is discussed.

The figure below demonstrates that the Jigsaw Schools approach aims to link the health system with the education system in order to ensure young people in school get the support they need.

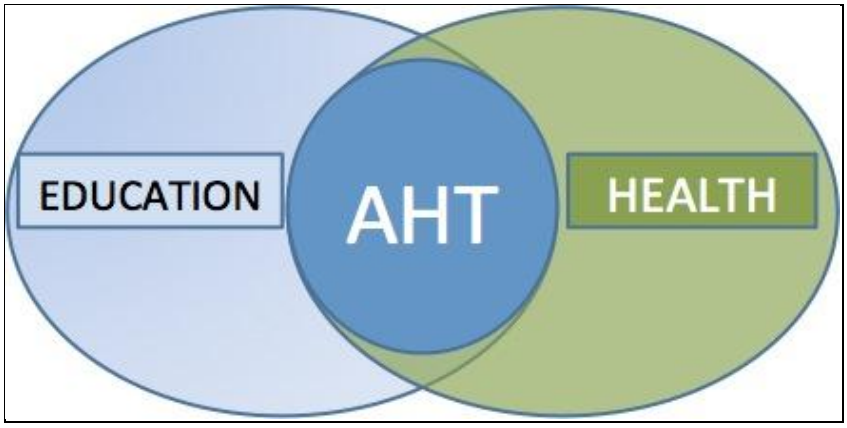

Figure 1 - The Jigsaw Schools approach which aims to link the health system with the education system

[40] The Centre for Adolescent Health's Gatehouse Project (Australia) is a school-based prevention program designed to build the capacity of school communities to understand and address the emotional and mental health needs of young people.
[41] Ireland's education and training programme for early-school-leavers
[42] The Department of Children and Youth Affairs (DCYA), is leading an initiative to develop and implement a planning model for national and local interagency working to improve outcomes for children. This is collectively known as the Working Together for Children initiative. The purpose of the Working Together for Children initiative is to secure better developmental outcomes for children through more effective integration of policies and services in particular through the Children's Services Committees (CSCs).

Evaluation of Jigsaw is ongoing and the methodology for evaluation is described here (http://www.headstrong.ie/content/jigsaw-evaluation).

6.2 Mental Health First Aid (MHFA)

Mental Health First Aid is a two day training programme which builds capacity at community level and trains members of the public to provide help to a person developing a mental health problem or in a mental health crisis. The programme was first developed by Betty Kitchener in Australia and evaluated through several large research studies. It has now been adapted by the National Programme for Improving Mental Health and Wellbeing / NHS Health Scotland. In 2005/6 the Scottish version of MHFA was successfully piloted in the CAWT region (North West and North East), in partnership with AWARE (voluntary mental health group) and the Health Promotion Agency whose researchers completed the evaluation. The recommendation was that MHFA should be adapted to an Irish version and implemented on an All-Ireland basis.

Based on various studies and the experience of the Irish pilot, the strengths of MHFA are that the programme:

- increases confidence in providing help;
- actual help provided was more useful;
- is in concordance with health professionals in beliefs about treatments;
- reduces stigmatizing attitudes;
- improves participants own mental health;
- 78% of participants reported using their skills; and
- most participants used their skills to produce beneficial effects.

MHFA has already been adapted for minority populations and currently a youth version is being finalized. It has also been implemented in the workplace. An E-learning version has been implemented in an undergraduate general nursing programme in the University of Ulster. The program is delivered by trainers who have completed a 7 day T4T programme.

6.3 'Right Here' Fermanagh

The *Right Here* partnership[43] in Fermanagh is led by 'YouthAction Northern Ireland'. The purpose of *Right Here* is to develop new approaches to supporting the mental health and wellbeing of young people aged 16 to 25 by focusing on intervening early to help young people at risk of developing mental health problems and tackling stigma that can prevent

[43]Right Here is jointly managed by the Paul Hamlyn Foundation and the Mental Health Foundation

them seeking help. The project commenced in 2009 and will complete in 2014. Partnerships for the project include senior representatives from the youth service, education, healthy living centres, mental health and public health.

The project identifies that the latter teenage years and the transition to adulthood can be a difficult stage when young people are particularly vulnerable to the mental health problems. It specifically targets the following groups: young people from disadvantaged communities; young parents, young people who identify as other than heterosexual and young people currently outside education, employment or training.

The project also addresses the following issues:

- binge-drinking and other high-risk behaviours such as speeding;
- a particularly high suicide rate among young men;
- peer pressure for men to 'act macho';
- homophobia;
- mistrust and anger management issues; and
- young men participating in militant groups or gangs.

Right Here Fermanagh's participation model is based on a youth-work approach. The project takes a gender specific approach to involving young people, with young women and young men working separately to generate and deliver activities for their peers. The project runs multi-session group work programmes in the community and in schools, the aim being to help young people feel comfortable talking about their feelings and emotional wellbeing and develop resilience and skills to build positive mental health. It also provides promotes positive mental health messages to young people at music festivals, in schools, fairs and shopping centres. An evaluation of the *Right Here* project is being carried out by The Tavistock Institute and will focus on three main questions:

- What is the impact of *Right Here* on young people's mental health?
- What are the most effective models and approaches to realise a positive impact and which factors have contributed to them?
- Which models and approaches were least successful and why?

The *Right Here* evaluation report will be completed in 2014.