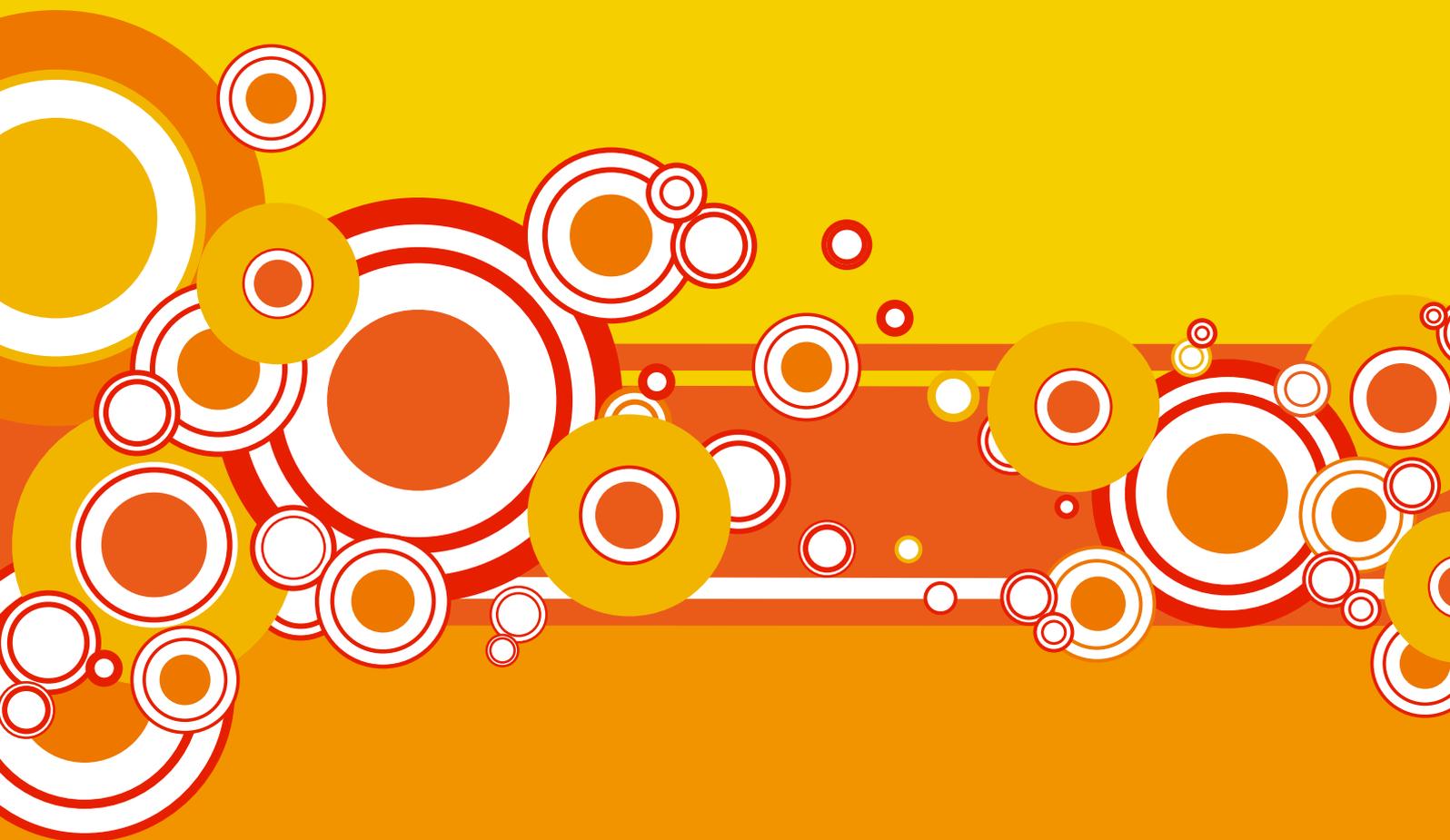




Teenage Mental Health: What helps and what hurts?

REPORT ON THE OUTCOME OF CONSULTATIONS
WITH TEENAGERS ON MENTAL HEALTH



The author of this report is Olivia McEvoy.

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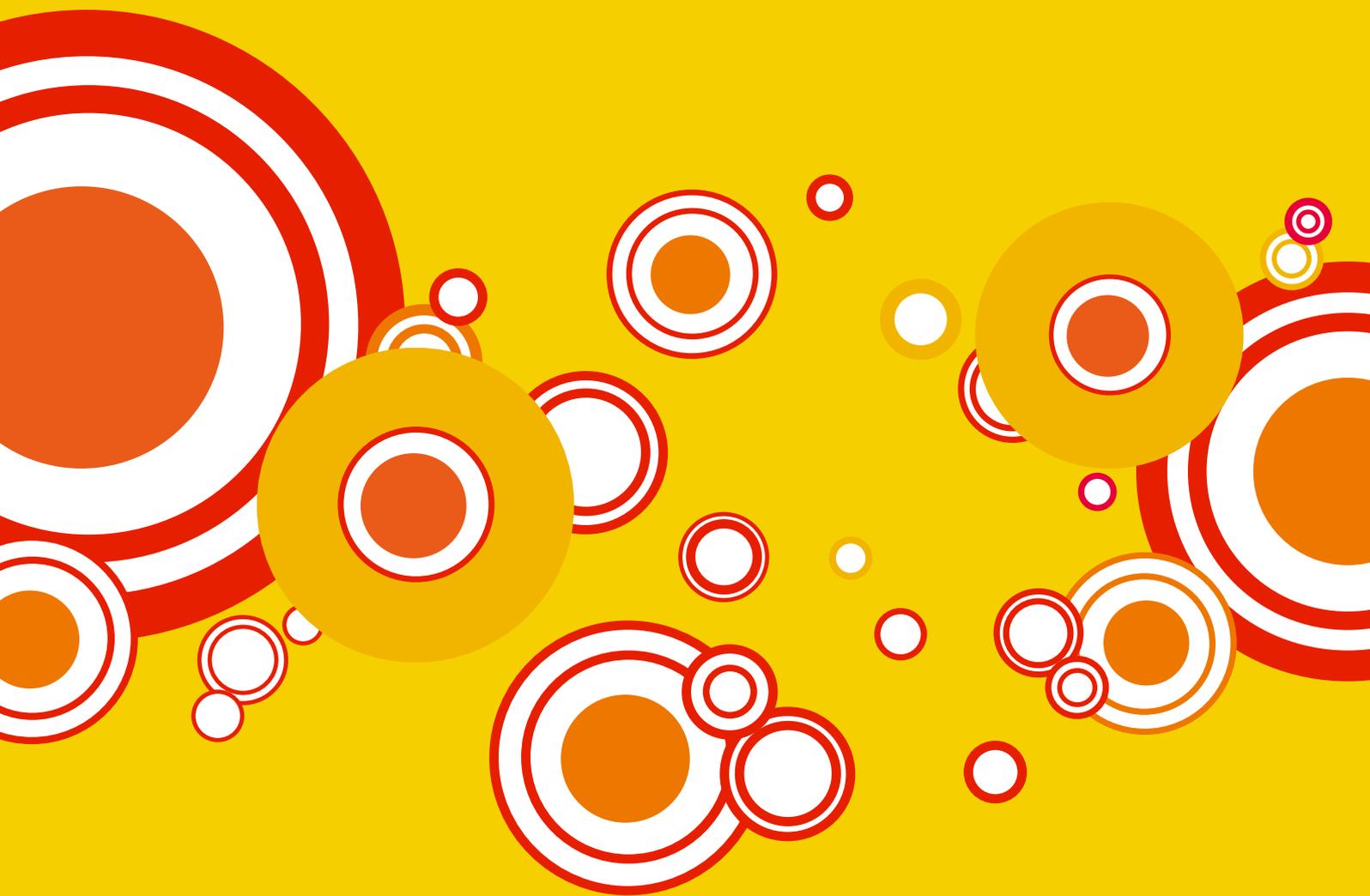
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June 2009

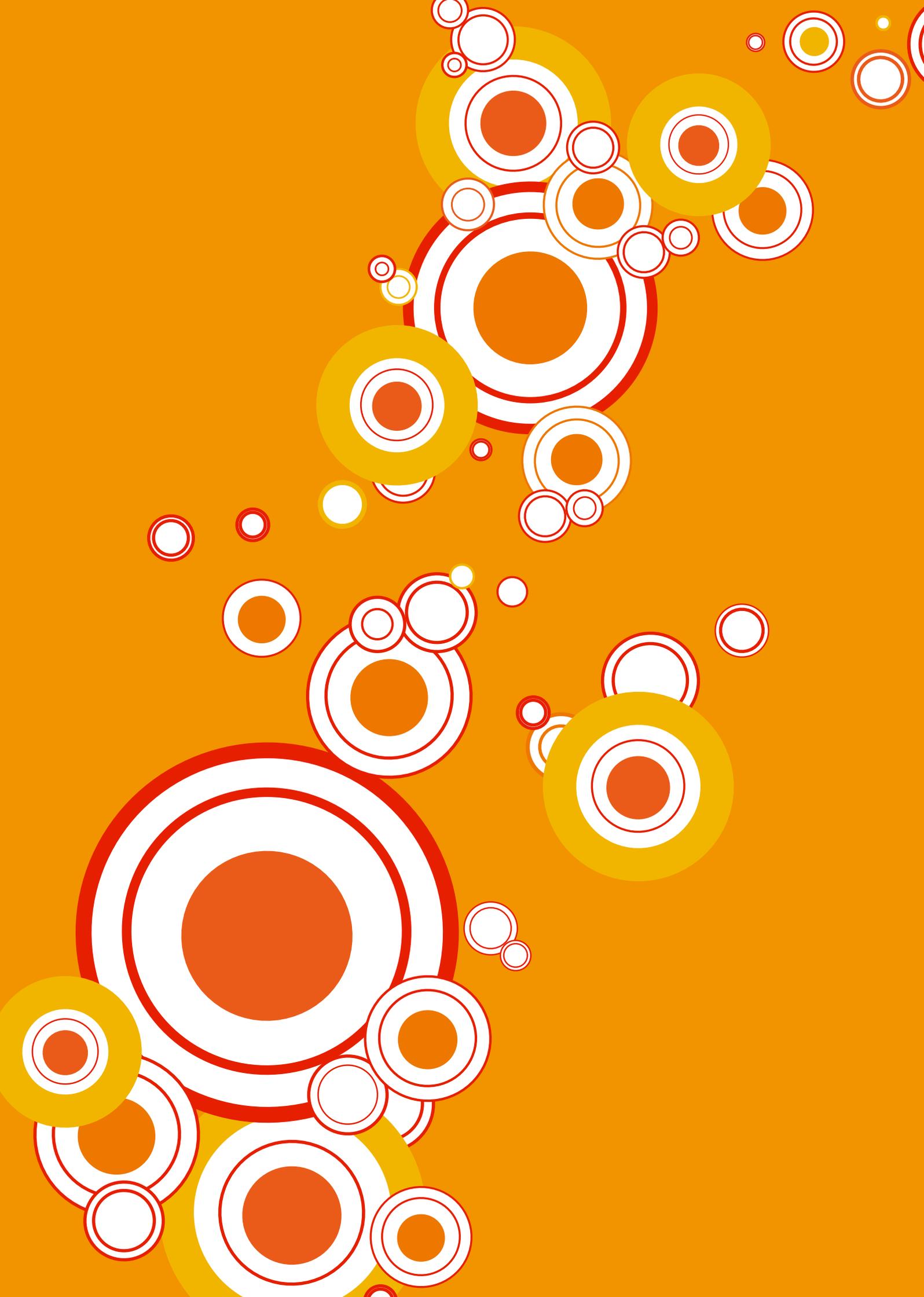
Office of the Minister for Children and Youth Affairs



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Foreword

There is widespread recognition that mental health is an issue of major importance for young people in Ireland. The Government is committed to developing policies and services that meet the needs of young people through engaging directly with them. The National Children's Strategy states that *'children and young people will have a voice on issues that affect their lives'*. My Office, the Office of the Minister for Children and Youth Affairs (OMCYA), has the lead role in driving implementation of this objective and has established structures to ensure that children and young people can contribute to the development of policies and services that affect them.

Accordingly, my Office conducted consultations with teenagers in order to elicit what 'hurts' or negatively impacts on teenage mental health and also to learn what young people feel 'helps' or positively impacts on their mental health. These consultations were planned and conducted by the OMCYA, in partnership with the Office for Disability and Mental Health (Department of Health and Children), the Health Service Executive and its National Office for Suicide Prevention.

This report outlines the views of the 277 teenagers, aged 12-18, who took part in the consultations organised by the OMCYA in six locations around the country during September and October 2008.

I attended one of the consultations and was impressed with the quality of the discussions in the workshops and the level of enthusiasm among the participants. The consultations and this report confirm my own belief that in seeking to address the positive and negative mental health experiences of teenagers, we must consider the solutions put forward by young people themselves. The report reveals that teenagers are highly aware of mental health issues and are very clear about what constitutes positive mental health.

The views contained in the report are those of the teenage participants. The findings and recommendations deserve to be taken seriously and considered by those developing policies and services.

The teenagers who took part in the consultations did so in a mature and responsible manner and I urge parents, policy-makers, educators and service providers to read this report and take heed of its proposals.

Barry Andrews, TD
Minister for Children and Youth Affairs



Acknowledgements

The participation of 277 young people made for a consultation process that was lively, engaging and extremely informative. The Office of the Minister for Children and Youth Affairs (OMCYA) would like to acknowledge the input of each and every one of those participants for their time and ideas on the issue of teenage mental health. In addition, they would like to acknowledge the teachers and leaders in schools and youth organisations across the county, as well as the parents who facilitated the involvement of so many young people.

The OMCYA would also like to acknowledge the pivotal role played by members of the Children and Young People's Forum (CYPF) and the Dáil na nÓg Council in the delivery of the consultations.

While every effort is made to minimise the number of adult staff necessary to conduct the consultations, a small team of dedicated personnel were involved in the delivery of the six consultations. In keeping with child protection guidelines, at least one adult staff member per eight young people was on site at all times. The following people were involved in the consultations:

Office of the Minister for Children and Youth Affairs (OMCYA)	Anne O'Donnell, Anne-Marie Brooks and Sinéad Hanafin
Office for Disability and Mental Health /Department of Health and Children	Joan Regan, Pamela Carter and John Scannell
Health Service Executive/ National Office for Suicide Prevention	Breda Lawless, Brenda Crowley, Catherine Brogan, Derek Chambers, Geoff Day, Karen Murphy, Martin Rogan and Pat Brosnan
Irish Youth Justice Service	Siobhán Young
Project Consultant and Report Author	Olivia McEvoy, Cnag ar an Doras
Open Space Facilitator	Áine Wallace
Child Protection Designated Officer	Anne-Marie Brooks, OMCYA
Facilitators	Anne O'Donnell (OMCYA), Anne-Marie Brooks (OMCYA), Ruth Griffin and Sinéad Hanafin (OMCYA)
Children and Young People's Forum (CYPF) Volunteers	Alison Jack, Catherine Coventry, Darren Snoddy, Ellen O'Leary, Fiona Daly, Jade McNeill, Nadine McCabe, Niall Kirwan, Niamh Smith, Robert Shalloo, Sheila O'Donnell, Thomas Endersby and Tony Reilly
Dáil na nÓg Council Volunteers	Catherine Ziemann, Daniel Stenson, Eibhlin Brown, Gearóid McKendrick, Maeve Leonard, Maria Kelly, Robert McDonnell and Saoirse Houston
Programme Administrator	Niamh McCrea

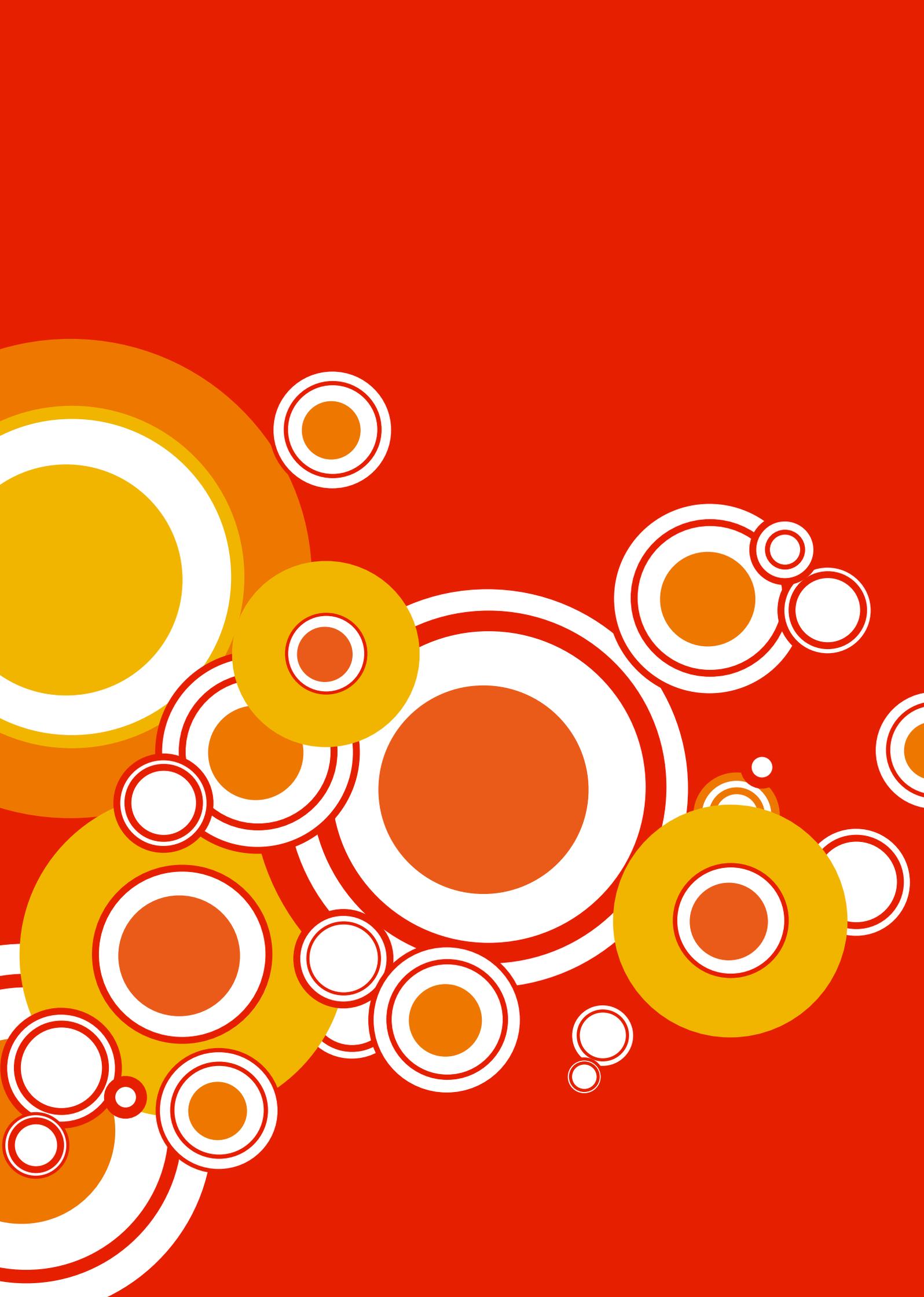


About the author

Olivia McEvoy, Cnag ar an Doras, is a freelance consultant and lifecoach in the youth and community sectors, and works with a variety of Government and non-governmental organisations.

She has written a number of other reports for the OMCYA, including the *Report on Teenagers' views on solutions to Alcohol Misuse* (2007), the *Report on the consultations with teenagers on the issues to be considered by the Minister for Children when examining the age of consent for sexual activity* (2006) and the youth-friendly versions of *Teenspace: National Recreation Policy for Young People* (2007). She was the independent evaluator of the Comhairle na nÓg Development Fund in 2008 and is also the independent evaluator of the OMCYA's Inclusion Project and its Children and Young People's Forum.

Further details are available on www.cnagarandoras.ie



Executive Summary





Aware that 'mental health' is one of the most pressing concerns for young people in Ireland today, the Minister for Children and Youth Affairs announced that his Office would consult with young people themselves on the issue of teenage mental health during 2008. In partnership with the Office for Disability and Mental Health (Department of Health and Children) and the Health Service Executive and its National Office for Suicide Prevention, the Office of the Minister for Children and Youth Affairs (OMCYA) organised the consultations on 'Teenage Mental Health' in order to elicit what 'hurts' or negatively impacts on teenage mental health and also to learn what young people feel 'helps' or positively impacts on their mental health.

In total, 277 young people, aged between 12 and 18, attended the consultations in centrally located hotels in Athlone, Sligo, Cork, Limerick and Dublin. While the participants were broadly representative of age and social background, almost double the number of young women attended than young men.

From the outset of the discussions, it was apparent that the participants were extremely aware of mental health issues and were equally articulate in expressing that awareness, proffering a variety of suggestions as to what constituted 'positive' mental health. The participants were also keenly aware of many of the signs of poor mental health, while readily acknowledging that the signs are not always obvious for a variety of reasons.

Eight themes emerged as key when asked 'what hurts' teenage mental health (*see detailed discussion in Chapter 3*):

- Self-image
- School pressures and exam system
- Family
- Bullying
- Death
- Peer pressure
- Relationships with boyfriends and girlfriends
- Isolation

While 'being judged for how you look' and the pressures associated with school and the exam system were the two most significant areas of 'hurt' in relation to teenage mental health, other key issues cited as having a negative impact on mental health included the death of a close family member or friend, the lack of facilities and the effects of peer pressure.

The report also considers the six key areas under which young people discussed 'what helps' or strategies to help alleviate the hurts identified by them so as to impact positively on mental health (*see detailed discussion in Chapter 4*):

- School environment and the exam system
- Facilities for young people
- Supports for young people
- Relationships with boyfriends and girlfriends
- Self-image
- Family

While a number of 'helps' were considered particularly important, having a youth café or safe space to hang out with friends was identified as paramount. Having less homework to enable young people to use such spaces in which to socialise and relax, especially at the weekends, was also identified as key. Young people also called for a reform of the exam system and a '*move from sole reliance on exams to continuous assessment*'.

The outcomes from two moving debates are also outlined (*see Chapter 6*), indicating that young people strongly disagree that ‘tattooing or piercing is a form of self-harm’, while largely agreeing that ‘eating disorders are a form of self-harm’.

It is clear that while young people are very aware of what negatively impacts on their mental health, they also have the capacity to see their mental health in a very positive light and recognise the need to look after that mental well-being. Many of the key areas and practical suggestions made by young people are highlighted throughout the report.

While the breadth of these ideas makes it more of a challenge to make a positive change or impact on teenage mental health, young people have clearly expressed the view that change in these very areas (such as in school and in their social settings) will make all the difference in their lives. In this regard, the findings of this report have implications for policy and decision-makers far and beyond those working in the field of mental health. Rather, the findings present a challenge and have implications for policy-makers, decision-makers, service providers and practitioners in education, local government and the media, as well as for parents, family members and indeed young people themselves. Responding to that challenge is therefore vital. The mental well-being of young people in Ireland may well depend on it.



1 Overview





It is clear that mental health is an issue of acute concern to young people throughout Ireland today. This is based on the topics put forward by young people in Comhairlí na nÓg across the country for discussion at the annual Dáil na nÓg sitting in 2008 and the selection of ‘Emotional and mental health for young people’ as one of the two major themes to be adopted at that forum. (The other theme was ‘Education reform’.) Mental health was also identified by the Children and Young People’s Forum (CYPF) as an important issue of concern to young people nationwide.

Thus, the Minister for Children and Youth Affairs announced that his Office would hold consultations with young people themselves on the issue of teenage mental health during 2008. In partnership with the Office for Disability and Mental Health (Department of Health and Children) and the Health Service Executive and its National Office for Suicide Prevention, the Office of the Minister for Children and Youth Affairs (OMCYA) organised the consultations on ‘Teenage Mental Health’ in order to elicit what ‘hurts’ or negatively impacts on teenage mental health and also to learn what young people feel ‘helps’ or positively impacts on their mental health. It is hoped that the outcomes of these consultations, published in this report, will be used to influence any future policy-making or information campaigns in the area of mental health.

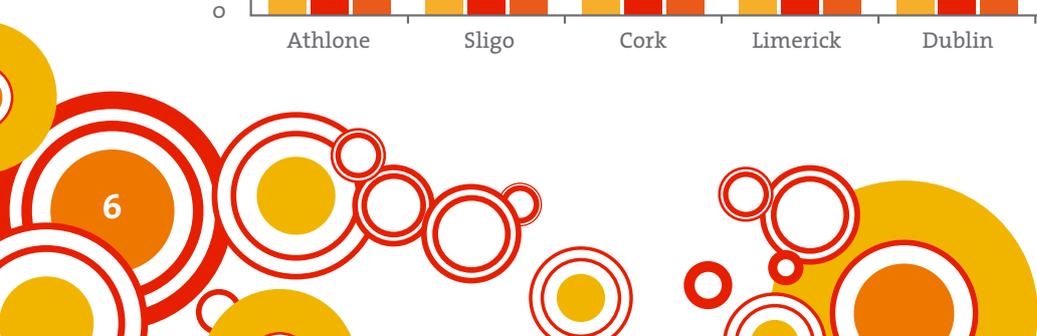
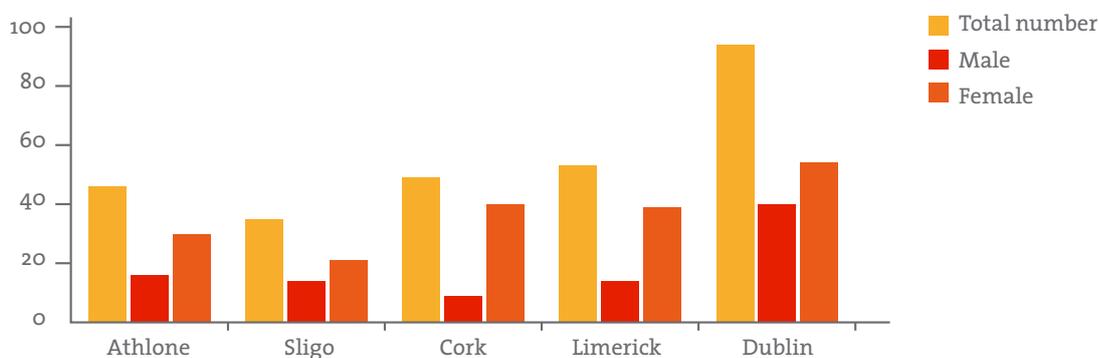
Selection of participants

Every school, youth organisation and Youthreach centre in the country was invited to select participants for the consultations on teenage mental health. Each organisation was asked to select a maximum of three participants aged 12-18 and to give a preference to those young people who might not normally have the chance to have their voice heard.

The response in urban locations was overwhelming, with both the Dublin and Cork venues being filled almost immediately. While the response was steady and eventually resulted in close to a maximum attendance in Limerick, Athlone and Sligo, it was comparably slower for these more ‘rural’ locations. However, it still remains the case that young people are more than keen to have their voices heard on matters that affect them and also that schools and youth organisations are more than willing to assist them in achieving this.

In total, 277 young people, aged between 12 and 18, were consulted on the issue of teenage mental health, with consultations held in centrally located hotels in 6 locations – Athlone, Sligo, Cork, Limerick and two in Dublin. While the participants were broadly representative of age and social background, almost double the number of young women attended than young men, as illustrated in Figure 1.

Figure 1: Participants, by gender and location



Involvement of Children and Young People's Forum and Dáil na nÓg Council

The OMCYA's Children and Young People's Forum (CYPF) has been involved in several consultations since its inception in 2004 and has always recommended that consultations with young people should be held in as many locations as possible around the country, in comfortable venues (such as hotels), and should be open to all young people aged between 12 and 18. The CYPF also chose the 'Open Space' methodology to use at these consultations, so that the *'main focus would be on smaller groups'* and that the participants would be able to choose their own workshops *'depending on what the individual person is interested in'*.

The methodology for the consultations on teenage mental health was first piloted with the CYPF at their summer residential in July 2008. Members of this group were then invited to participate as volunteers at the consultation venue most local to them. In addition, since 'Mental health' was one of the two issues that the Dáil na nÓg Council considered in 2008/2009, members of the Council were also invited to participate as volunteers.

Thus, the young people from both these groups (CYPF and Dáil na nÓg Council) were on hand to welcome the participants to the consultations on Teenage Mental Health, to make announcements, determine the workshops and conduct all of the other administrative functions involved on the day.

Child protection

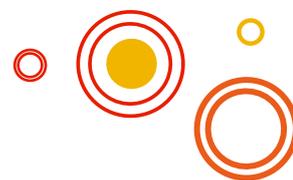
Child protection arrangements were put in place for all the consultation venues and carried out in accordance with the Code of Good Practice on Child Protection for the Youth Work Sector, which is based on *Children First: National Guidelines for the Protection and Welfare of Children*, published by the Department of Health and Children in 1999. A Child Protection Designated Officer was present at each of the consultations and only adults directly involved in the process were permitted in the venue once the consultations had commenced.

In addition, a staff member with expertise in counselling or suicide prevention from the Health Service Executive (HSE) and its National Office for Suicide Prevention (NOSP) was on site in each location in the event that the discussions would cause any personal upset or concern for any of the participants. Each participant was also given a list of 'mental health' helplines, should they need to contact a support agency in the future.

Methodology

At the outset of the consultations, participants were given a brief overview to explain that the consultation was not an information day on mental health, but rather a process to seek their views on 'what helps?' (or makes for positive mental health) and 'what hurts?' (or impacts negatively on mental health). It was also explained that the views expressed by young people at the consultations would be compiled into a report for the Minister for Children and Youth Affairs and, where possible, would be used to impact on policy-making and any forthcoming advertising campaigns in the area of mental health.

Following a series of ice-breakers and games, participants had a general discussion on 'positive' mental health and explored the signs of poor mental health (see Chapter 2). They were then invited to form the agenda for the day by identifying what they felt were the most important mental health



issues for young people today, both negative and positive. From the myriad of issues put forward, the following workshops were established for detailed discussions on themes selected:

- Eight workshops on ‘What hurts?’ were set up, each exploring a particular theme that impacts negatively on mental health (*see Chapter 3*). Every participant could choose to attend 2 out of the 8 workshops (each of 30 minutes’ duration). Each workshop explored a particular theme and participants then listed their ‘Top 3 hurts’ or priorities on that theme. The ‘Top 3’ priorities from each of the 8 workshops were then presented back to the whole group, which voted on all 24 of them (using the ‘sticky dot’ voting system) to produce a ranking of the ‘Top 3’ priorities in order of importance for each of the 8 themes.
- Six workshops on ‘What helps?’ were set up, each exploring a particular theme that impacts positively on mental health (*see Chapter 4*). The same system as above – of participation and establishing the ‘Top 3 helps’ or priority issues – was followed. The whole group then voted on the 18 priorities to produce a ranking of the ‘Top 3’ priorities in order of importance for each of the 6 themes.

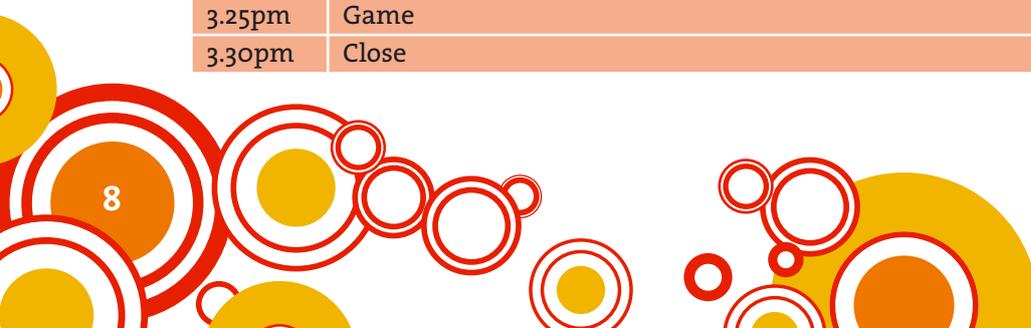
The various workshops and voting opportunities were punctuated by ‘moving debates’ on two subjects – whether ‘tattooing or piercing is a form of self-harm’ and whether ‘eating disorders are a form of self-harm’. The outcomes of these discussions are outlined in Chapter 6.

A more detailed explanation of the methodology used is outlined in the Appendices of this report, which are available on www.omc.gov.ie

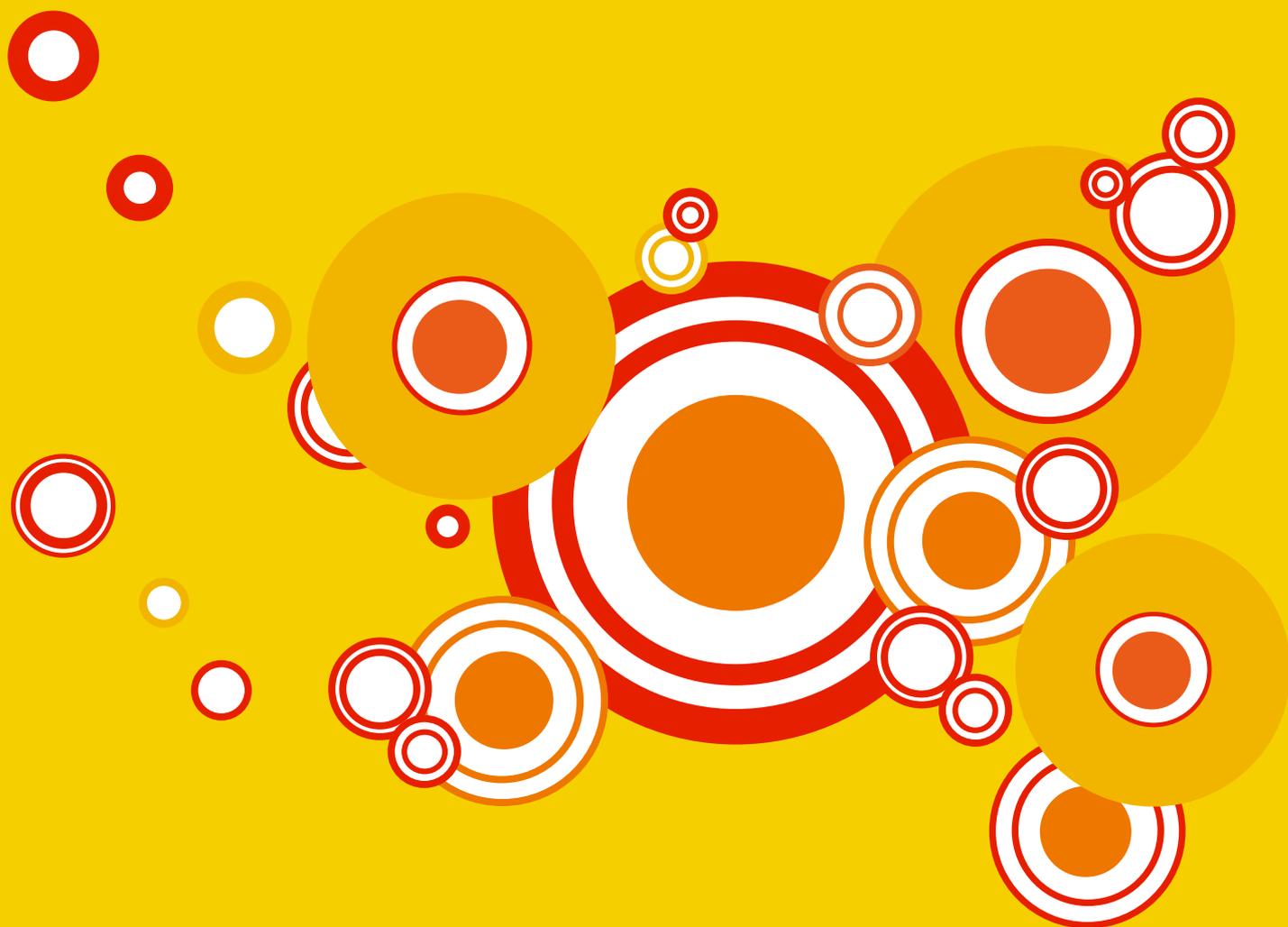
Programme for consultations

The programme for the consultations used the following agenda for the day’s events:

Time	Agenda item
10.00am	Registration
10.30am	Welcome and Introduction
10.40am	Overview
10.45am	Ice-Breakers/Group Agreement
11.00am	General discussion in small groups on ‘What is positive mental health?’ and exploration of the signs of poor mental health
11.15am	Introduction of ‘Open Space’ and identify topics for ‘What hurts?’
11.25am	Activity: Moving debate on ‘Is tattooing or piercing a form of self-harm?’
11.40am	Workshop sessions on ‘What hurts?’
12.30pm	Establishing ‘Top 3’ priorities from workshops on ‘What hurts?’
12.45pm	LUNCH
1.45pm	Feedback session from workshops on ‘What hurts?’ and voting on ranking of issues (whole group)
1.55pm	Activity: Moving debate on ‘Are eating disorders a form of self-harm?’
2.05pm	Workshop sessions on ‘What helps?’
2.50pm	Establishing ‘Top 3’ priorities from workshops on ‘What helps?’
3.05pm	Feedback session from workshops on ‘What helps?’ and voting on ranking of issues (whole group)
3.15pm	Final remarks
3.20pm	Evaluation
3.25pm	Game
3.30pm	Close



2 Introduction to mental health



What is positive mental health?

The general discussion on mental health at the outset of the consultations illustrated that young people had both a considerable awareness of mental health issues as well as the language to express that awareness. More encouragingly, the participants were keenly aware of what constituted 'positive' mental health, recognising the importance of being *'comfortable in your own skin'* and *'being confident in who you are'*. It was also deemed a sign of positive mental health to be *'confident'* with good *'self-esteem'* and to have an *'optimistic'* and *'positive attitude to life'* in order to be able to *'cope and deal with things'*. To have positive mental health, young people felt it was vital *'to open up and talk to others instead of bottling things up'*; they considered it good not to wait until asked to talk about a problem, but rather to volunteer to talk about it.

Across all six locations, participants came up with a myriad of definitions and ideas on what constitutes positive mental health. A small selection of these is outlined below:

Attitude to self

- To respect yourself and be confident in who you are.
- To have good self-esteem.
- Not being afraid to stand up for yourself and speak out.
- Feel safe in yourself.
- Eating properly.
- Feel good in yourself.
- Being able to be yourself.
- Have to just be you.

Attitude to life

- Having a positive outlook on life.
- Being able to respond to life's challenges with a positive attitude.
- Chilling out.
- Not to get too stressed, stay positive.
- The ability to look at the positive side of life and its challenges.

Dealing with life

- Understanding/accepting what's going on.
- To be able to cope and deal with things.
- When you're aware and able to deal with your emotions.

Talking

- Being able to open up and share opinions.
- Being able to talk about your problems – not bottling things up.
- Being able to talk to people without having to be asked.

Relationships with others

- Listening to others.
- To be respected by the other people in the group.
- Helping people who are in trouble.
- Understanding each other.
- Trusting people.
- Socialising.

to feel happy,
secure and safe
with yourself and
other people

having aspirations,
goals, dreams and
hopes for the future
opening a window

being able to
express your
emotions and
feelings with others

State of being

- sense of being, belonging
- confident
- happiness
- safety
- self-respect
- emotional
- relaxed
- calm
- good self-esteem
- happy in yourself
- talking
- thinking
- optimistic
- friendly
- high on life
- sociable
- positive outlook
- not worrying
- sharing thoughts
- good attitude
- being social
- always being in a good mood
- smiling/laughing
- content in yourself
- be open-minded
- non-judgemental
- keep looking forward
- having a good state of mind

open with people
and feelings
good relationships

smile when nobody
is around
talking to people

being able to deal
with everyday
situations

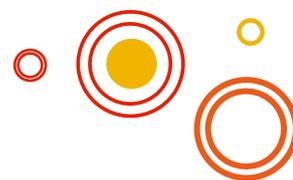
feeling good
about yourself
and others
close family

going out with
your mates
having friends

happiness
confidence
good self-esteem

being comfortable
in your own skin
privacy when needed
optimism

positive but
realistic view
of oneself
self-satisfaction



Signs of poor mental health

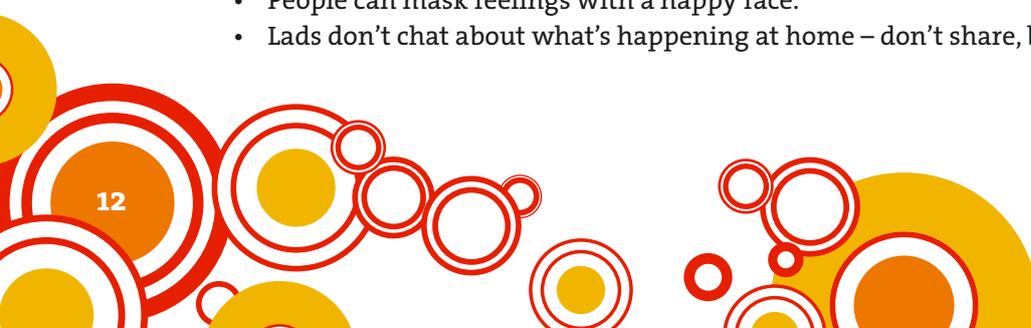
Following on from the discussion on 'positive' mental health (*see above*), participants were also asked their thoughts on the signs of 'poor' mental health. A change in someone's personality was reckoned to be a tell-tale sign – where somebody's behaviour, character or attitude to life changes dramatically. Other signs of poor mental health were thought to include not wanting to socialise and becoming withdrawn and isolated. While many noted that being 'quiet' and 'down' could be a sign of poor mental health, dramatic 'highs' and 'lows' were also cited as possible problems. Among the many other suggestions were:

- school work deteriorates
- not happy
- always by themselves
- school attendance drops
- don't interact
- hiding in their clothes
- posture
- self-harm
- no interest in going out – or in anything
- poor hygiene
- not themselves
- more reserved
- stick to themselves/isolated
- not being bothered
- letting everything pass you by
- pushing people away
- negative attitude
- not eating
- wanting to get into arguments
- self-harm
- low self-esteem
- very sensitive
- insecurity
- don't make new friends
- don't express themselves (e.g. might not cry if upset)
- holding things in
- nervous around people
- wouldn't trust people

The debate also centred on whether the signs of poor mental health were obvious. Some participants felt that while they were not always obvious, *'if you knew the person well, you would be able to tell'*. However, the majority of participants disagreed that the signs were obvious because they felt that *'teenagers are very skilled at hiding stuff'*. There was also a sense that there was still a stigma surrounding mental health problems and *'people may be embarrassed to say anything'*. In general, it was felt that it is impossible to tell if someone was experiencing problems because *'it's normal to be moody as a teenager'*, so it would be hard to tell the difference between moodiness and poor mental health. The participants also felt that suicide rates in Ireland would be a lot lower if the signs were so obvious.

Additional suggestions included:

- There are so many hormonal and emotional changes in teenagers that are regular changes anyway, so we don't know how to distinguish between pure mental health and complexity of teenage times: *'It's normal to be moody'*.
- When you are a bit upset, you dramatise everything – *'Unless you are slitting your wrists, it's not obvious'*.
- Sometimes people take their own life and you would never have known anything was wrong.
- People don't necessarily act any different if they're suffering from mental health problems.
- A lot of people who are depressed don't want people to know because of the stigma – they think it's better for them to hide it.
- Sometimes you don't notice a change in behaviour.
- If you haven't experienced mental health problems, you don't know what you're looking for.
- People don't realise what mental health is – we always say 'it's grand', but people don't realise exactly how they are themselves.
- People don't want you seeing the bad side of them.
- People don't even want to ask in case people are frightened away.
- You know that young people are down, but you don't know how serious it is.
- People can mask feelings with a happy face.
- Lads don't chat about what's happening at home – don't share, but bottle up instead.



3 WHAT HURTS? Outcomes and analysis



sligo

- * death (10 responses)
- * looks/peer pressure (16 responses)
- * school/exams (7 responses)
- * relationship problems/break-ups (7 responses)
- * bullying (31 responses)
- * money (7 responses)
- * not being listened to/not having someone to talk to (4 responses)
- * drink and drugs (2 responses)
- * getting in trouble and not being trusted (1 response)
- * self-harm (1 response)
- * stress (1 response)
- * work (1 response)
- * tv (1 response)

limerick

- * death (6 responses)
- * isolation/feeling left out (16 responses)
- * bullying (17 responses)
- * family (14 responses)
- * peer pressure (7 responses)
- * school (18 responses)
- * self-image (5 responses)
- * friends (6 responses)
- * stigma associated with mental health (1 response)

athlone

- * stressful times (27 responses)
- * bullying (34 responses)
- * family (17 responses)

cork

- * relationships, including family, friends and boyfriends/girlfriends (29 responses)
- * peer pressure (18 responses)
- * bullying (13 responses)
- * isolation/loneliness (5 responses)
- * self-image (6 responses)
- * school/exam pressure (9 responses)
- * lack of services (3 responses)
- * drink/drugs (5 responses)
- * falling down (1 response)

dublin 1

- * family (10 responses)
- * bullying (18 responses)
- * school/exams (8 responses)
- * self-image (11 responses)
- * feeling you're a disappointment (10 responses)
- * family (3 responses)
- * peer pressure (3 responses)
- * isolation (3 responses)
- * discrimination (3 responses)

dublin 2

- * bullying (16 responses)
- * relationships with boyfriends/girlfriends (7 responses)
- * problems with friends (9 responses)
- * exams/school (13 responses)
- * loneliness/isolation (5 responses)
- * self-image (8 responses)
- * family (4 responses)
- * death (4 responses)
- * not being able to deal with stress (1 response)
- * the feeling that the grass is always greener on the other side and that you are not achieving anything (1 response)

Key themes on 'What hurts'

Although a total of 14 different issues were identified for discussion in workshop settings across the six locations, 3 themes predominated in all locations:

- Family
- Bullying
- Self-image

In addition, 5 other themes kept coming up:

- Peer pressure
- Relationships with boyfriends/girlfriends
- School pressures and exam system
- Isolation
- Death

The workshops that were held on each theme by location are given in Table 1.

Table 1: Workshops on 'What hurts', by location

Themes	Athlone	Sligo	Cork	Limerick	Dublin 1	Dublin 2	Total
1. Family*	2	2		1	1	1	7
2. Bullying	1	1	1	1	1	1	6
3. Self-image/Esteem		1	2	1	1	1	6
4. Peer pressure			1	2	1		4
5. Relationships with boyfriends/girlfriends		1	2			1	4
6. School pressures and exam system		1		1	1	1	4
7. Isolation			1	1	1	1	4
8. Death		1		1		1	3
9. Drink and drugs			1				1
10. Stressful times	1						1
11. Money problems		1					1
12. Discrimination					1		1
13. Feeling you disappoint people					1		1
14. Problems with friends						1	1

* In Sligo, two workshops were on the theme of 'Family and friends'. All other workshops listed under 'Family' were on 'Family' alone.



The predominance of the top 8 themes was reflected in the 'sticky dot' voting system, accounting for almost 90% of the overall vote.

The emerging themes are of no great surprise since they are a reflection of the environments in which young people live and the relationships with which they engage. The school and home environments, where young people spend the bulk of their time engaging with family members, peers and teachers, give rise to many of the 'hurts' identified throughout the consultations. While attending school can often be a pressure in itself, having to perform in a system that is perceived as unfair and heavily weighted towards those who are academically gifted, and sometimes taught by teachers with whom there is a negative relationship, certainly adds to that pressure. The family environment is not always a sanctuary away from this pressure, with some young people reporting fighting within the family as well as troubled or strained relationships with parents and siblings. Relationships with other parties, such as boyfriends, girlfriends and friends, can also be a source of 'hurt' for young people.

The multiple pressures that can arise for young people conducting their various relationships in the environments of school or home, or indeed in social settings, is a serious strain on young people. Bullying is undoubtedly the most identifiable 'hurt' for young people, although not necessarily the one they most wanted to spend time discussing. Other pressures include peer pressure and isolation, as well as the much remarked on pressure to 'look a certain way' as well as being judged on that 'look'.

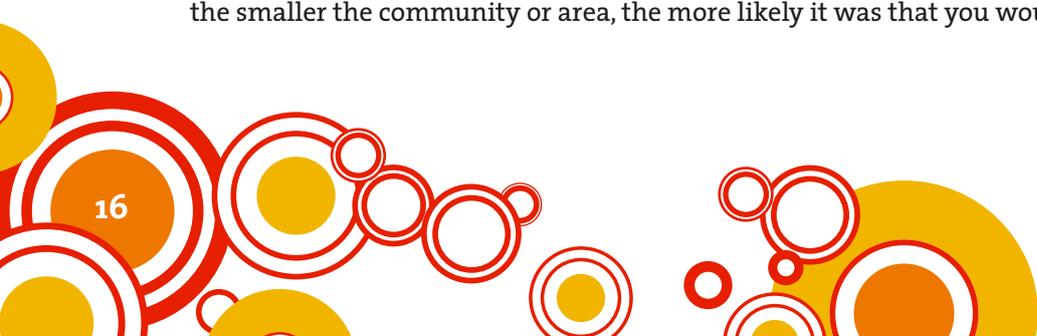
Responding to these pressures with a positive attitude and in a balanced fashion can sometimes prove a challenge. Couple this challenge with low self-esteem or a lack of self-respect and these pressures often manifest themselves in eating disorders, depression, self-harm and suicide. But even where such extreme cases do not occur, the participants attest to the fact that lifestyle choices around alcohol, smoking, drugs and sexual behaviour are certainly affected.

Based on the popularity of the workshop themes, as well as the results of the 'sticky dot' voting, the following discussion considers the specific outcomes under the 8 key themes highlighted by young people across the country when asked about 'what hurts' their mental health. These key topics, in order of priority, are:

1. Self-image
2. School pressures and exam system
3. Family
4. Bullying
5. Death
6. Peer pressure
7. Relationships with boyfriends and girlfriends
8. Isolation

1. SELF-IMAGE

Although 'self-image' emerges as the dominant theme in the 'sticky dot' vote, it was the votes on 'how you look' that elevated the theme to that status (see Table 2). In four of the six locations, there was considerable concern that 'people judge you on how you look', whether that is in relation to 'weight, beauty, clothes or stereotypes'. This is clearly a matter of enormous concern to young people, who were adamant that people judged and stereotyped you based on what you wore, noting that the smaller the community or area, the more likely it was that you would be stereotyped.



Young people were also hugely aware that there is a *'stereotypical image of beauty that is not attainable or realistic'*. The role of the media in driving this image is not underestimated and the participants commented on the influence of and pressure imposed by the media, as well as by social network sites such as Bebo, to *'look a certain way'*. Young people feel under pressure to look and be like celebrities in magazines, indicating that *'size zero is seen as normal'*. While the young people were aware that this is an unrealistic picture, many girls felt that *'you are constantly being shown what beauty is – you must be skinny, pretty and never wear the same outfit twice – and you are constantly trying to live up to that'*. In addition, girls felt that *'guys expect girls to look magazine "style"'*. There was a general consensus that *'girls are more influenced by the media'* and are *'more conscious about image'*.

Table 2: 'Sticky dot' vote outcome on self-image

Theme	Athlone	Sligo	Cork	Limerick	Dublin 1	Dublin 2	Total
SELF-IMAGE							152
How you look							116
People judge you on how you look (e.g. weight, beauty, clothes, stereotypes)			36	33	8	21	98
Obsession about weight (no matter what size)					11		11
There is a stereotypical image of beauty that is not attainable or realistic				7			7
Role of media							21
Portrayal in magazines		6					6
Media target children too young				3			3
Media have a big influence					1		1
Pressure from media and friends to be thin or to look a certain way						9	9
Outside pressures (e.g. Bebo or magazines put pressure on you to look a certain way)		2					2

continued



Theme	Athlone	Sligo	Cork	Limerick	Dublin 1	Dublin 2	Total
Impact on behaviour							9
Americanisation/globalisation means individuality of young people is being lost			4				4
Trends/popular opinion can affect how people feel about themselves					2		2
Poor self-image can lead to eating disorders, comfort eating, obsessive eating, bulimia						3	3
Other							6
Girls are very hard on each other – mixed schools are better			5				5
Parents/peers/schools negatively stereotype young people based on previous experience			1				1

Bebo was also cited as playing a role in damaging self-image because *‘you compare yourself to others on Bebo’* and people can comment freely on pages and pictures, and sometimes they *‘can say damaging things’*. Boys can also be *‘rough on girls who are overweight’* and *‘they don’t realise the impact that this has’*.

The combination of judging and media pressure impacts on behaviour and *‘can affect how people feel about themselves’*. Young people feel under pressure to *‘buy designer clothes that you can’t afford’*, while poor self-image also results in a lack of confidence and *‘losing your individuality because you are trying to conform’*. In extreme cases, *‘poor self-image can lead to eating disorders, as well as comfort and obsessive eating habits’*.

KEY HURT

‘People judge you on how you look’

2. SCHOOL PRESSURES AND EXAM SYSTEM

The ‘hurts’ associated with the school system and its pressures (such as exams) received the second highest number of votes in the overall ratings (*see Table 3*). Not surprisingly, the pressure of exams and the exam system, particularly the Leaving Certificate, dominated discussion. Some 78 votes were attributed to ‘exams’ alone, with many feeling that there is too much focus on doing well in one set of



exams. In addition to the school system being '*completely points-focused*', there was also a pervasive feeling that one exam potentially dictating what you do in your life was '*wrong*' and that there was '*too much pressure to decide what you want to do for the rest of your life at 16*'. Young people felt that continuous assessment or something that puts focus back on learning and other skills would be a much better option. In addition, they were highly supportive of Transition Year, which they felt should be compulsory because the '*work experience*' and '*life skills*' greatly benefited them.

The role of teachers in creating this stress and pressure was also keenly felt. Again, throughout the workshop discussions there was an overall sense that '*some teachers*' ignore any non-academic talents and skills that young people might have and can sometimes tend to favour those who are high academic achievers.

Table 3: 'Sticky dot' vote outcome on school pressures and exam system

Theme	Athlone	Sligo	Cork	Limerick	Dublin 1	Dublin 2	Total
SCHOOL PRESSURES and EXAM SYSTEM							112
Exams							78
The Leaving Certificate needs to change – one exam determining what you do is wrong, especially if you are not academic		10		13	10		33
Exam pressure	24					4	28
Pressure of exams and homework takes over free time with friends and family					17		17
Role of teachers							26
Teacher behaviour	9						9
Teaching methods		5					5
Teachers put focus on academic skills and not on other talents				4			4
Less effort is put into students who are not high achievers				1			1
Some teachers are disrespectful, judge you, put you down and can't teach					4		4
Teachers can create stress and put you under stress						3	3

continued



Theme	Athlone	Sligo	Cork	Limerick	Dublin 1	Dublin 2	Total
Other							8
Homework (time for other activities)		3					3
Fitting in with cliques is difficult						5	5

There was also considerable discussion around the fact that it is the norm that ‘doing homework’ dominates every evening and that there is little time for other activities because ‘once you’ve finished doing one essay, you have to start another one’. While the young people acknowledged that ‘some pressure is good’, the amount of homework given by teachers means that there is very little time for socialising or other activities.

KEY HURT

Exam pressures & system

3. FAMILY

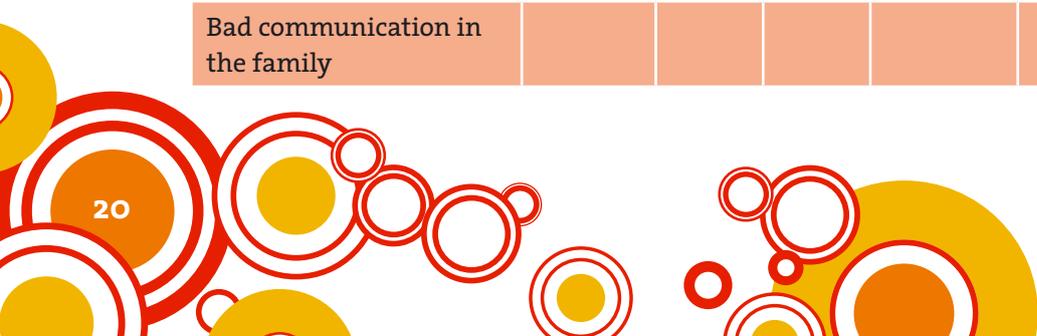
A negative atmosphere between family members or a negative family environment was considered to be one of the greatest ‘stresses’ for young people (see Table 4). This is especially exacerbated when there is any kind of abuse within the family, whether it is alcohol or drug abuse, sexual abuse or living with somebody with an eating disorder.

‘Fighting in families and with others’ also upsets young people. While acknowledging that ‘every family fights’, whether it is about money, clothes, staying out too late or getting in trouble at school, such fighting ‘interferes with school work, impacts on how you feel and undermines your self-confidence’. Triggers for fighting can be as simple as ‘hair straighteners or the remote control’, but fighting can be ‘worse in the evening when everyone is home, tired and cranky’.

Table 4: ‘Sticky dot’ vote outcome on family

Theme	Athlone	Sligo	Cork	Limerick	Dublin 1	Dublin 2	Total
FAMILY							105
Atmosphere in families							63
Abuse within the family (e.g. drugs, alcohol, sexual abuse, eating disorders)	19				6		25
Fighting within family and in other relationships				18		5	23
Bad communication in the family					6	6	12

continued



Theme	Athlone	Sligo	Cork	Limerick	Dublin 1	Dublin 2	Total
Negative environment at home can sometimes lead to problems					3		3
Major changes to family life							28
Parents splitting up	10						10
Family break-up – having to pick who you live with and feeling left out				7			7
Hereditary illness	5						5
Financial troubles	4						4
Moving home/country	2						2
Other							14
Loss of trust in family						5	5
Friends/family annoying you		4					4
Overprotective parents					4		4
Time pressures on families		1					1

Not surprisingly, there was also much discussion about the role of parents in the workshops on family, with concerns over *'being expected to live up to parents' expectations* since *'parents sometimes want you to live their dream'*. Young people felt particularly hurt when parents broke their trust by reading text messages, for example, or diaries.

Young people cited a number of issues that might be termed *'major changes'* to family life, such as parents splitting up or dealing with an illness. Family break-up was deemed especially painful, when you *'have to pick who you live with'* and when *'you feel left out'*.

KEY HURT

Abuse within the family

KEY HURT

Fighting within the family



4. BULLYING

Bullying was the only issue on which a workshop was held in every single consultation venue (see Table 5). Without exception, it was the dominant theme on the ‘post-its’, which represented the issues that young people felt ‘hurt’ them most in relation to teenage mental health. It was often just that single word ‘bullying’ that was posted on the wall. Throughout the workshop discussions, however, it emerged that young people were aware of many different types of bullying, such as physical bullying, emotional bullying, workplace bullying, teacher bullying and homophobic bullying. Peer bullying – being bullied by people your own age or by friends – was especially prevalent and considered particularly hurtful.

When asked what exactly bullying was, a range of definitions were offered:

- slugging about sexual orientation;
- picking on people’s weaknesses;
- excluding people completely;
- physical and verbal abuse;
- isolation – being left out, excluding people;
- emotional bullying or humiliation in front of others.

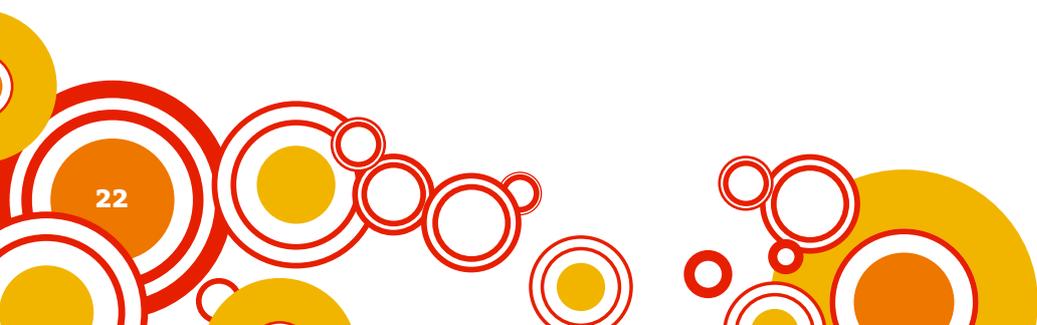
Predominantly, bullying seemed to take place in:

- school;
- large groups;
- Internet – Bebo;
- mobiles – text bullying;
- in sports teams or clubs.

Table 5: ‘Sticky dot’ vote outcome on bullying

Theme	Athlone	Sligo	Cork	Limerick	Dublin 1	Dublin 2	Total
BULLYING							87
Causes of bullying							28
Peer bullying	10						10
Teachers don’t deal with bullying – leads to after-school organised fights					5	2	7
Confusion over sexual orientation is a big source of bullying					4		4
People judging you because of your background					3		3
School policies on bullying are not good enough to deal with it				1			1

continued



Theme	Athlone	Sligo	Cork	Limerick	Dublin 1	Dublin 2	Total
Teachers bully and stereotype students – very hard to make complaints against them				1			1
Adult (e.g. teacher) bullying	1						1
Bullying usually happens outside school where can't do anything						1	1
<i>Community/school/team rivalry can cause bullying</i>				0			0
Impact of bullying							57
Suicide and self-harm		29					29
Bullying hurts if people don't stand up for you			13				13
Depression		6					6
Bullying makes you feel bad about yourself			6				6
Isolation		2					2
Bullying makes you question yourself			1				1
Other							2
Happy slapping – people videoing fighting and humiliating you						2	2
<i>CCTV only captures physical bullying – verbal and emotional bullying is difficult to prove</i>						0	0

There were also numerous opinions on both the causes and the effects or impact of bullying on young people. Young people recognised that people often became bullies because of their own insecurities or problems, and often because they were jealous of others and it gave them a sense of power over them. Young people were also aware that bullies were often people that were being bullied themselves in other settings. However, people were often bullied simply because of their sexual orientation, social background or people *'just judge you on how you look'*.



Regardless of the type or cause of bullying, the impact is simply enormous. Young people cited the countless ways that bullying had a negative effect on their mental health, reporting that they feel:

- scared
- worthless
- insecure
- depressed
- isolated
- annoyed
- feeling you've done something wrong
- angry
- wondering 'what's the point?'
- lack of courage
- that they want to bully others
- inferior
- like something is wrong
- alone
- that they want to self-harm
- suicidal

In addition to peer bullying, it was also felt that *'teachers bully and stereotype students and it is very hard to make complaints against them'*. Young people felt that neither teachers nor school policies did enough to prevent bullying, which often led to *'after-school organised fights'*, and that *'schools can sometimes make things worse'*.

Not surprisingly, *'suicide and self-harm'* were considered the most significant 'hurt' under this theme, while *'depression'* was also regularly mentioned. It was noted that bullying hurts more *'if people don't stand up for you'*, but that inevitably bullying simply makes you *'feel bad about'* and *'question'* yourself.

KEY HURT Suicide and self-harm

5. DEATH

Although the *'death of a family member or friend'* received 57 votes in itself – making it one of the single biggest 'hurts' identified during the consultations – it is interesting that these votes came from two locations only: Athlone and Sligo (see Table 6). There were also workshops on the theme of 'death' in Limerick and one in Dublin, but the focus there and the voting were more on the impact that death can have on young people. This impact seemed to be entirely personality-driven, with some young people thinking that it made you depressed; others felt it helped you see the positives in life; some said that *'you stop doing your make-up and hair'* because you don't care, while another participant said you *'put on loads of make-up to fool yourself'*.

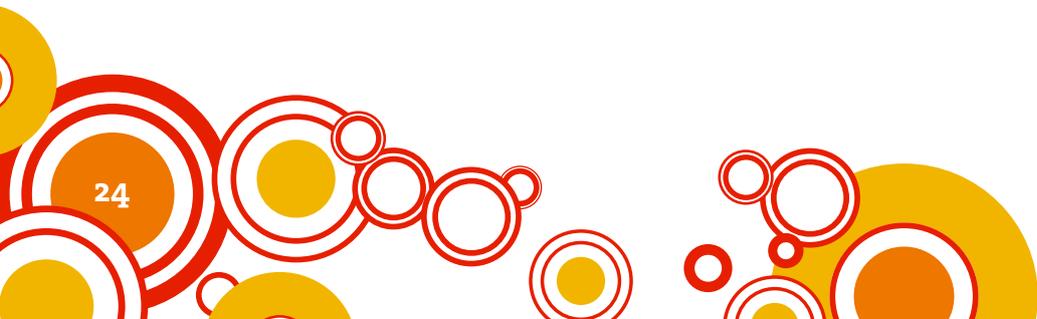


Table 6: 'Sticky dot' vote outcome on death

Theme	Athlone	Sligo	Cork	Limerick	Dublin 1	Dublin 2	Total
DEATH							83
Death							57
Death of family member or friend	41	16					57
Impact of death							26
Depression				10			10
Death – feeling it is your fault and that you could have done something				5			5
Drink and drugs		3					3
Death changes everything in your life				2			2
Always talk to someone						2	2
Be around others when someone dies – don't be alone						1	1
It is common for young people to know someone who has died						3	3

The death of somebody close can have a number of other impacts on young people. Among those mentioned were:

- being 'snappy'
- don't want to talk to everyone – need to trust the person and know them
- sometimes block it out
- don't want everyone in your face
- depressed
- change eating habits
- spaced, not with it
- not sleeping, tired
- worried that it would happen to you

It is clear that this is a very emotional time for young people. They sometimes need to 'have people close to them because it is the best help that you can get', while at other times you 'don't want everyone in your face'. In short, death 'changes you. You realise that life is short and that you shouldn't be mad at people'.

KEY HURT

Death of a family member or friend

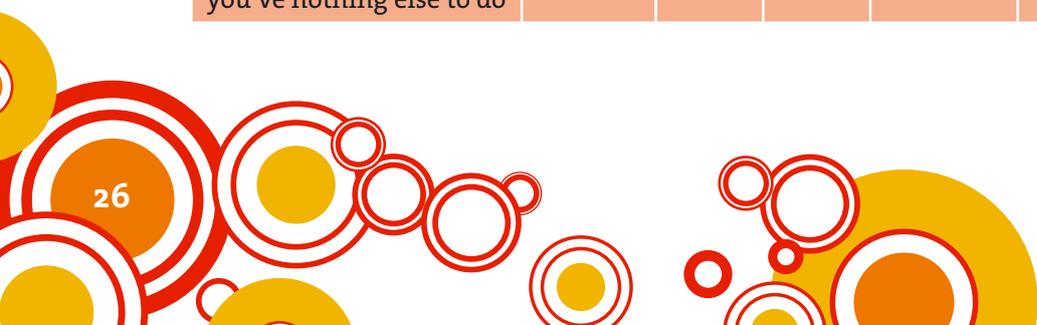


6. PEER PRESSURE

Not only are young people aware of the enormous impact of peer pressure, but they consider the fact that it affects their lifestyle choices (such as drinking, taking drugs, smoking and having sex) as having a very negative effect on their mental health (see Table 7). Other peer pressure issues are music, ‘mitching’ and looking a certain way or dressing in certain clothes. Although peer pressure is largely seen as a negative thing, some young people felt that peer pressure could also be positive, for example, ‘friends can give you encouragement to do something’ and ‘to try things you wouldn’t normally do’.

Table 7: ‘Sticky dot’ vote outcome on peer pressure

Theme	Athlone	Sligo	Cork	Limerick	Dublin 1	Dublin 2	Total
PEER PRESSURE							78
Impact of peer pressure							78
Peer pressure affects lifestyle choices, e.g. drinking, taking drugs, smoking, having sex			15	17	3	3	38
Pressure to be something you are not/ not being able to be yourself	6		4				10
TV/media advertising pressure to dress and look a certain way				9			9
Slagging hurts					9		9
Peer pressure makes you do things you don't want to do				5			5
Peer pressure takes away your confidence and individuality					3		3
Because ‘minor’ sports teams are made up of all ages, there is peer pressure for under-18s to drink				1			1
Peer pressure makes you feel excluded				1			1
Peer pressure can lead to bullying				1			1
Doing things you don't want to do because you've nothing else to do			1				1



Overall, however, the impact of peer pressure is largely negative, with young people feeling anxious, left out and without self-worth. In effect, peer pressure can *'make you do things that you don't want to do'* and turn you into *'something that you are not'* because you are *'not able to be yourself'*. In addition, peer pressure *'can take away your confidence and individuality, make you feel excluded'* and can sometimes give rise to bullying. All of these impacts can only have a negative effect on the mental health of young people, which was fully recognised by participants at the consultations.

KEY HURT

Peer pressure affects lifestyle choices

7. RELATIONSHIPS WITH BOYFRIENDS AND GIRLFRIENDS

The discussion on relationships with boyfriends and girlfriends largely fell into two camps: the impact that relationships had on the person in the relationship and the impact that the relationship itself could have on relationships with others, such as friends or family (see Table 8). There was a very clear sense from the workshop discussions that relationships can sometimes pressure you into things (e.g. sex) and into acting like someone you are not, which ultimately has a negative effect on your mental health. The young people noted numerous complications, most notably that while there is pressure to have a boyfriend or girlfriend in order to *'fit in'*, sometimes *'when people get a boyfriend or girlfriend, they drop their friends and alienate themselves'*. This leads to the added pressure of trying to balance time with friends and family, as well as with their boyfriend or girlfriend.

Table 8: 'Sticky dot' vote outcome on relationships with boyfriends and girlfriends

Theme	Athlone	Sligo	Cork	Limerick	Dublin 1	Dublin 2	Total
RELATIONSHIPS WITH BOYFRIENDS AND GIRLFRIENDS							65
Impact on person							36
Relationships change you (boyfriend/girlfriend can pressure you into things, e.g. sex, etc)			18				18
Pressure to change or be someone else in a relationship		3	9			3	12
Fighting makes you feel bad – takes too much time away			2				2
Relationships can alienate you – you might lose time with friends and might have trouble with family						4	4

continued



Theme	Athlone	Sligo	Cork	Limerick	Dublin 1	Dublin 2	Total
Impact on relationships with others							25
Break-ups: when the person closest to you becomes your worst enemy						16	16
Pressure to make time and balance friends/school/relationships			6				6
Relationships can have a negative effect on people in your life, e.g. friends			3				3
Other							4
Boyfriends/girlfriends/relationships		2					2
Relationships can bring a lot of drama into your life			2				2
<i>Break-ups</i>		0					0

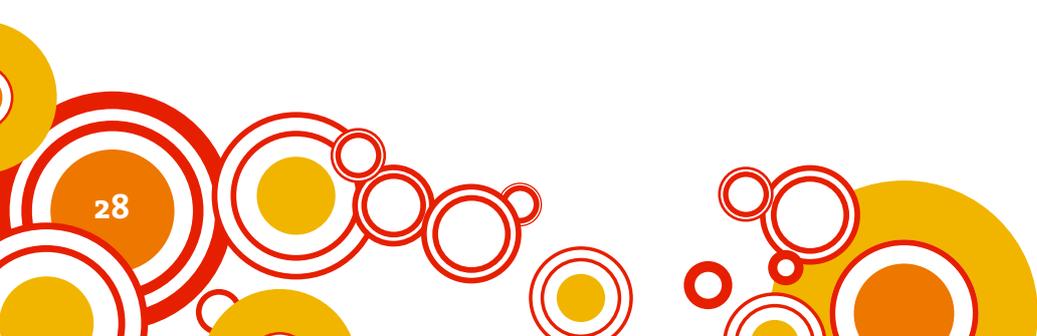
Further complications mentioned by participants included:

- fighting with boyfriend or girlfriend;
- feeling under pressure to dress or act in a certain way;
- feeling like a ‘spare wheel’ if you are the only single person;
- worrying about what others think about you;
- feeling under pressure to have sex;
- dealing with cheating – whether you are the cheat or the person who is being cheated on – and having to decide whether to ‘stay or go’;
- dealing with break-ups, which can be ‘messy’ especially when ‘*the person closest to you becomes your worst enemy*’;
- losing your confidence;
- getting into long-term relationships that can be boring, but getting a name for yourself if you go out with too many different people.

Given such a comprehensive list of complications, there is little wonder that, in general, there was a pervasive sense that ‘*relationships can bring a lot of drama into your life*’.

KEY HURT

Relationships change you



8. ISOLATION

The theme of isolation came up with a range of different sub-themes, including:

- isolation and loneliness (2 workshops);
- isolation and feeling left out;
- isolation from friends.

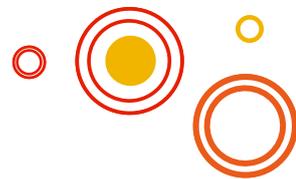
The single biggest vote came under the sub-theme of ‘isolation from friends’ among the young people at one of the Dublin consultations (*see Table 9*). The general feeling was that ‘*a friend isolating you really affects you*’.

It was recognised that people are sometimes isolated because of:

- race;
- sexual orientation;
- stereotypes;
- being serious about school;
- not giving over homework;
- being different.

Table 9: ‘Sticky dot’ vote outcome on isolation

Theme	Athlone	Sligo	Cork	Limerick	Dublin 1	Dublin 2	Total
ISOLATION							60
Isolation							60
A friend isolating you really affects you					17		17
Isolation and loneliness can lead to depression, self-harm or suicide			6	5			11
Losing relationships with other people			8				8
Being excluded for being different				4		6	10
You become your own worst critic			5				5
Parents being overprotective of teenagers and not letting them out						4	4
Afraid to socialise because of what people think of you						3	3
Changing yourself (appearance and personality)				2			2
Girls are ‘harder’ on each other (bitching)					0		0



However, it was also acknowledged that young people could appear *'popular and OK, but be lonely and isolated on the inside'*. Whatever the reason for isolation, it had a very negative effect on young people and on their mental health, with many recognising that while sometimes people *'just felt left out'*, there was also a sense that *'isolation and loneliness can lead to depression, self-harm or suicide'*.

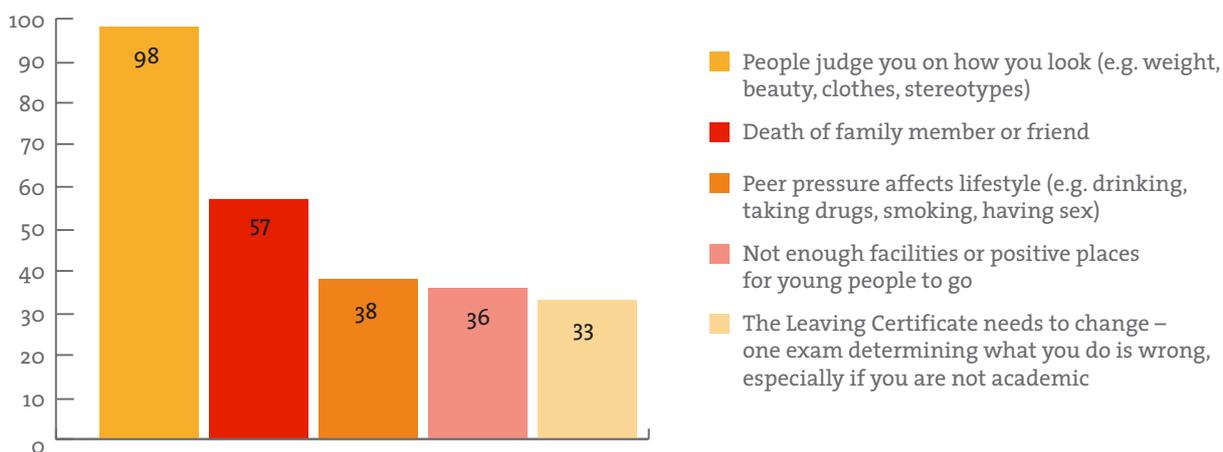
Interestingly, there seemed to be a gender divide on this issue. In the case of the workshop on 'isolation from friends', no boys chose to attend that workshop. There was also a lot of discussion on how girls are *'harder'* on each other and how it can be better to go to a mixed school because big groups of girls can be *'very bitchy'* to each other.

KEY HURT A friend isolating you really affects you

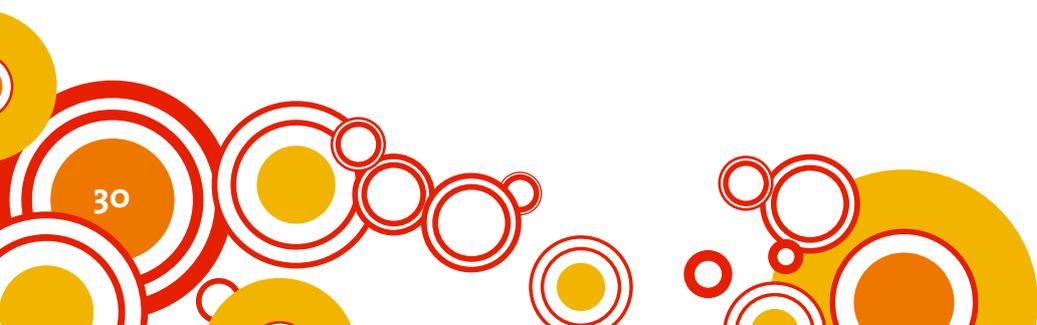
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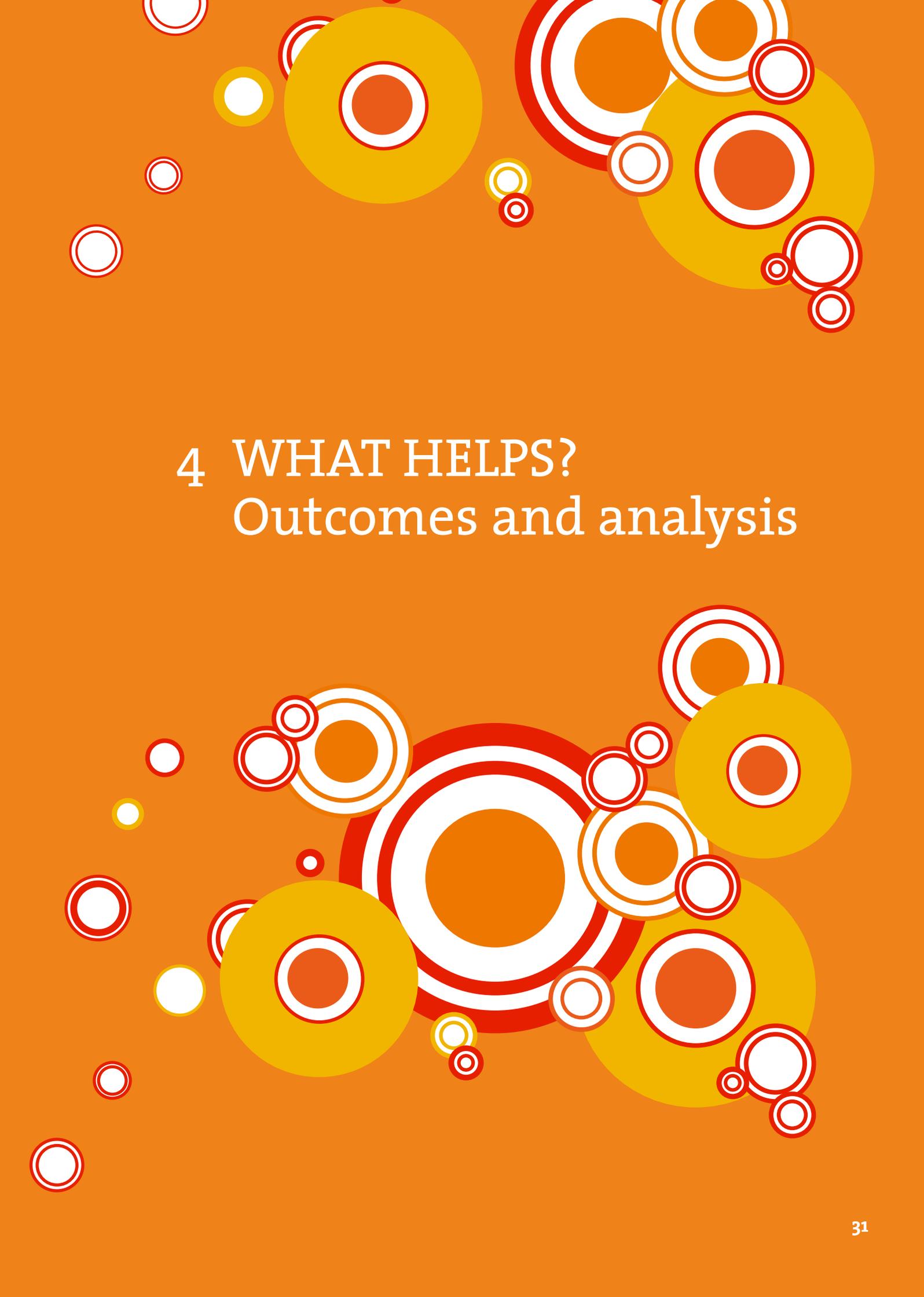
Although the key 'hurts' have been outlined above under each theme, it is interesting to see them at a glance. Figure 2 shows the individual 'hurts' that received the most votes under 'what hurts'. As previously noted, *'people judging you based on how you look'* (part of the 'self-image' theme) was considered the single biggest negative impact on teenage mental health. Not surprisingly, the death of a family member or friend also polled extremely high. Peer pressure affecting lifestyle choices, not having enough facilities to 'hang out' and the Leaving Certificate examination also received a significant proportion of votes.

Figure 2: Key 'hurts' at a glance, by number of votes



Detailed notes from the workshops on 'What hurts?' are documented in the Appendices of this report, which are available on www.omc.gov.ie





4 WHAT HELPS? Outcomes and analysis

- 
- * family and/or friends (16 responses)
 - * recreational and other activities (13 responses)
 - * formal and informal supports (49 responses)
 - * friends (43 responses)
 - * talking and sharing problems (27 responses)
 - * sleeping/relaxing/letting it out (11 responses)

Key themes on ‘What helps’

To explore ‘what helps’ or positive strategies to impact on mental health, a total of 12 themes were discussed in workshops across the six locations. Three of the dominant themes explored were strategies to help and alleviate pressure within the ‘family’, ‘school environment and exam system’ and ‘relationships with boyfriends and girlfriends’. Various ‘supports’ were also identified that were considered important in positively impacting on mental health, including ‘facilities for young people’ (e.g. youth cafés, hobbies and sports). Suggestions were also made on the theme of ‘self-image’ and its impact on positive mental health.

The workshops that were held on each theme by location are given in Table 10.

Table 10: Workshops on ‘What helps’, by location

Themes	Athlone	Sligo	Cork	Limerick	Dublin 1	Dublin 2	Total
1. Self-image			1	1	1	1	4
2. Family*	1	1				1	3
3. Facilities for young people, including hobbies and sports	1	1				1	3
4. Relationships			1	1		1	3
5. Education and school				1	1		2
6. Peer pressure and isolation				1	1		2
7. Supports	1				1		2
8. Socialising		1					1
9. Talking and sharing		1					1
10. Bullying			1				1
11. Peer pressure			1				1
12. Friends	1						1

* The workshop in Sligo was on the theme of ‘Family and friends’. All other workshops listed under ‘Family’ were on ‘Family’ alone.

It is encouraging that in addition to the clear identification of what ‘hurts’ mental health, young people were also more than open and articulate in identifying strategies to help alleviate those ‘hurts’. What is even more heartening is the fact that the ‘helps’ identified are not especially difficult or expensive to implement. Although only one workshop was dedicated to the topic, the importance of simply ‘*talking*’ pervaded every workshop setting when considering what ‘helps’ mental health. Young people recognised how important it was to be open and honest in talking to each other, their families, teachers, boyfriends or girlfriends, or in some instances a professional who could best support them. The importance of ‘*not bottling it all up*’ – or indeed not waiting until being asked to talk about a problem, but volunteering to talk about it – underlay many of the discussions. To better enable ‘talking’, socialising or having free time to relax, especially at weekends, was considered pivotal.

The notion of *'feeling supported'* was also mentioned many times during discussions on 'what helps'. Such support was sought in the form of structural supports such as facilities and youth cafés that were well-resourced, or counsellors and mentors in school settings or, indeed, regular teachers simply being supportive particularly in relation to self-image. Support through information and awareness was also sought, whether in a school class to increase awareness on mental health issues, or improved sex education based on facts, or information and education on relationships themselves.

Not surprisingly, considerable discussion concentrated on potential helps within the school environment and exam system since this had been identified as a significant 'hurt' (see Chapter 3). However, the value of *'respect'* – whether this was from politicians, teachers, parents, peers or indeed themselves in the form of self-respect – pervaded much of the discussion on what can help alleviate 'hurt' and positively impact on mental health.

Taking the outcomes of the voting on both 'what hurts' and 'what helps' into account, the following discussion considers the specific outcomes under the 6 key themes highlighted by young people across the country when asked about 'what helps' their mental health and what alleviate the 'hurts' identified by them. These key topics, in order of priority, are:

1. School environment and the exam system
2. Facilities for young people
3. Supports for young people
4. Relationships with boyfriends and girlfriends
5. Self-image
6. Family

1. SCHOOL ENVIRONMENT AND EXAM SYSTEM

What helps alleviate the hurts and what positively impacts on mental health in the school environment and in the exam system.

There were few aspects of the school system in which young people did not have a suggestion to offer on what might help positively impact their mental health. The workshops included discussion on the curriculum, exams, homework and mentoring, as well as on the role of teachers (see Table 11). One of the most popular solutions offered in Cork was to have a school class per week on mental health, where the issues were chosen by young people and *'taught by teachers who understand'*. The participants in Cork also favoured a more comprehensive school programme on personal development throughout their six years at school. Building on the importance of Transition Year, it was felt that this option needed to be better resourced to ensure that the course was appealing. By and large, participants felt that the curriculum needed to be more holistic and integrate sport, art and drama to cater for different abilities and skill-sets. In addition, they felt that the curriculum needed to be broader *'to give students a choice'* and that there should be an option in every school to sit the Applied Leaving Certificate.

Table 11: 'Sticky dot' vote outcome on school environment and exam system

Theme	Athlone	Sligo	Cork	Limerick	Dublin 1	Dublin 2	Total
SCHOOL ENVIRONMENT AND EXAM SYSTEM							190
Curriculum							49
School class per week on mental health – issues picked by young people and taught by teachers who understand			25				25
Transition Year should be properly resourced to deliver a fun, comprehensive course					15		15
More comprehensive school programme/ SPHE on personal development (1st to 6th year)			9				9
<i>Professional (not teachers) workshops on communication and listening skills</i>		0					0
Exams							42
Exams – move from sole reliance on exams to continuous assessment or something that caters for student preferences				27	15		42
Homework							40
Young people need time to relax, have fun, see friends, do sport at weekends – should not get extra homework				33			33
Teachers should have a more coordinated approach to homework to ensure balance each day					7		7

continued



Mentoring							34
Mentor/Advisor (not teacher) in every school (10 minutes per fortnight)		10				15	25
All schools should have mentoring – older students with younger students					9		9
Teachers							22
Teachers should be screened and reviewed regularly					22		22
Other							3
All schools should have uniforms					3		3

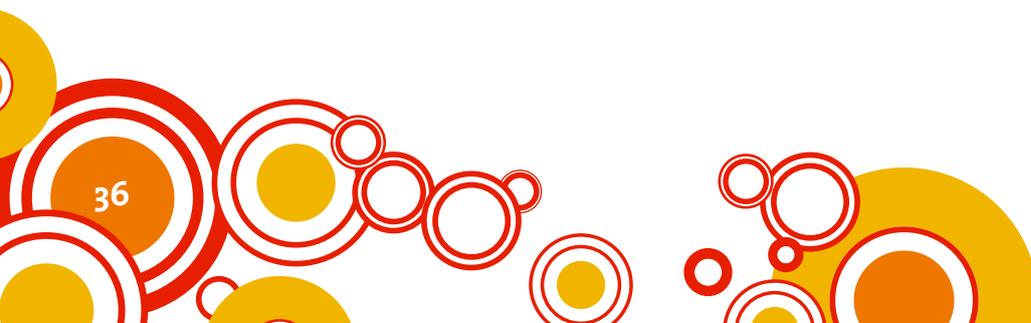
There was considerable support, especially in Limerick and Dublin, to move away from ‘*sole reliance on exams to continuous assessment or something that caters for student preferences*’. Young people also felt that teachers needed to have a more coordinated approach to homework so that students had more time in the evenings, but especially at weekends, to relax and pursue other interests. One suggestion was to have ‘*national guidelines on the number of hours students should spend on homework*’.

A considerable portion of each workshop under this theme was devoted to the role of teachers. There was a general feeling that teachers needed to be screened to assess their aptitude for the job and in instances where teachers were clearly uninterested or unable, they ‘*shouldn’t be so protected by the unions*’. It was also suggested that student feedback on teachers should be sought, perhaps in the form of a report to the Principal.

For their part, the participants felt that a good teacher:

- respects you and demands respect;
- is trustworthy;
- is well-prepared for class;
- is understanding and reasonable;
- is enthusiastic;
- is able to control the class;
- develops friendships with students;
- needs to see you as an equal (particularly senior students).

There was also interest in the notion of ‘*mentoring*’, whether it would come from senior students to younger ones, or from another professional adult.



KEY HELP

School class per week
on mental health

KEY HELP

Move from sole reliance on exams
to continuous assessment

KEY HELP

Less homework and more time
to relax at weekends

KEY HELP

Mentor or advisor in every school

KEY HELP

Teachers should be screened regularly

2. FACILITIES FOR YOUNG PEOPLE

How facilities for young people help positively impact on mental health.

In almost every consultation process conducted to date, regardless of the theme, 'facilities for young people' – or the lack of them – is always one of the biggest issues for young people. These consultations on teenage mental health proved no different and the existence of a well-resourced and staffed youth café or club was considered one of the most important solutions to ensuring better mental health for young people (see Table 12). Citing the importance of 'a place to go', as well as the fact that youth cafés and clubs are fun, cheap and somewhere safe to be with their friends, such facilities were seen as places that 'take your mind off things'. Coupled with the potential of having free health and counselling services and staffed by youth workers who 'understand', youth cafés and clubs have the potential to provide for a number of solutions under one roof.

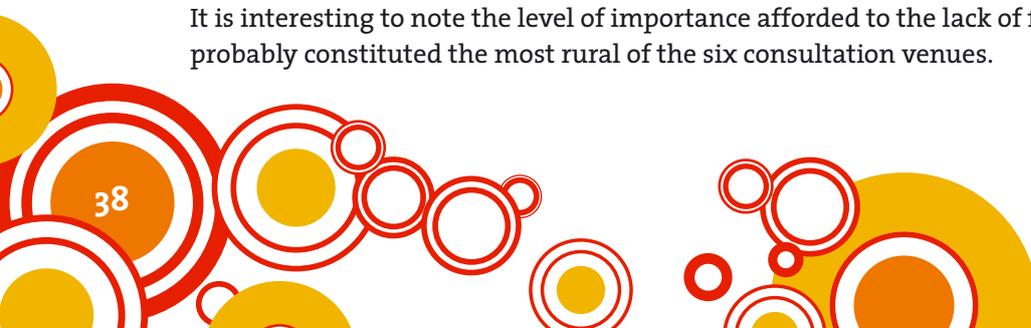


Table 12: ‘Sticky dot’ vote outcome on facilities for young people

Theme	Athlone	Sligo	Cork	Limerick	Dublin 1	Dublin 2	Total
FACILITIES FOR YOUNG PEOPLE							169
Facilities and events							123
Youth café/club or space to hang out with friends and that has access to counsellors and support workers	24				24	19	67
Hobbies – accessible and affordable transport		16					16
Sports	12						12
Sports and recreation facilities that are cheap and accessible for young people						12	12
Discos	10						10
School environment/ facilities are important and should be accessible at all times		2		4			6
Other							46
Politicians should listen and respect young people – ‘just because you don’t have a vote doesn’t mean your voice is not important’						26	26
Having fun and enjoying yourself	14						14
‘Come and try it’ events, to help take up something new		6					6

Other recreational activities and hobbies were also considered very important in maintaining positive mental well-being – as participants said, *‘sports and recreation allow you to let off steam’*. Local discos that are *‘properly organised with a quality DJ’* were also seen as hugely important, especially in rural areas where young people may have to travel long distances to go to a disco.

Emphasis was placed on the fact that all of the facilities mentioned had to be affordable and accessible, particularly with regard to transport. There was also a preference to have schools, which often have excellent facilities and are in the local area, open and accessible outside school hours. It is interesting to note the level of importance afforded to the lack of facilities in Athlone, which probably constituted the most rural of the six consultation venues.



Young people in Athlone chose to use a considerable proportion of their votes (24 votes) to highlight the importance of having a youth space to hang out with friends in their area. A further 14 votes in Athlone were used to stress how important it is to *'have fun and enjoy yourself'* in order to maintain positive mental health. However, the importance of facilities for young people was also a big issue in Dublin, where in addition to the 43 votes (24+19) indicating that improved facilities could 'help' mental health, 36 votes were also attributed to there *'not [being] enough facilities or positive places for young people to go'* during the voting on 'what hurts?'

In Dublin, some 26 votes* were used to highlight the importance of *'politicians need(ing) to listen and respect young people – just because you don't have a vote doesn't mean your voice is not important'*.

KEY HELP

A well-resourced and staffed youth café/club

KEY HELP

Politicians should listen to and respect young people

3. SUPPORTS FOR YOUNG PEOPLE

What and how a variety of formal and informal supports can help positively impact on mental health.

In addition to the two workshops on 'supports' that have a positive impact on mental health, a number of supports were suggested throughout other workshops. The supports mentioned by young people can largely be categorised as formal and informal supports (see Table 13). Young people mentioned doctors, counsellors, youth cafés and youth leaders, helplines, Childline, Teentext and the Samaritans as types of formal supports that are helpful to them. It was also considered helpful if the professionals within these support services would be:

- confidential;
- friendly;
- willing to help and interested in what the problem was;
- understanding;
- qualified;
- experienced.

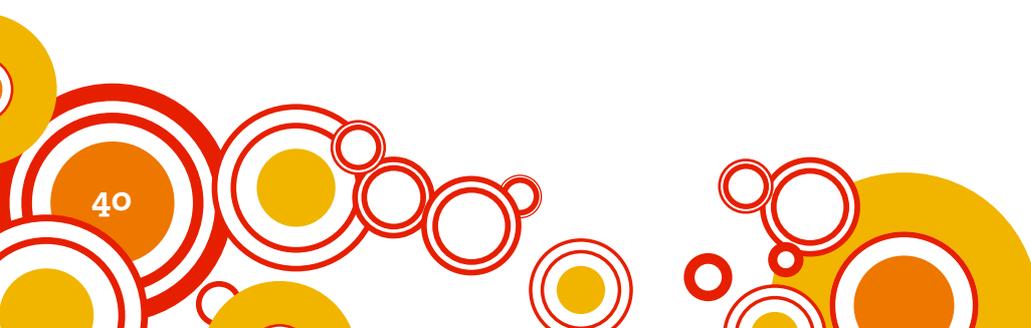
There was particular interest in having a separate counsellor at school, someone who was not a teacher. Another support suggested within schools was to have 'retreats' (non-religious) that were more holistic and included team-building and getting to know people outside the classroom setting.

* These 26 votes were enough to deem *'politicians should listen to and respect young people'* as a key 'help' factor. However, it should be noted that this discussion and outcome only took place in one of the six venues.



Table 13: ‘Sticky dot’ vote outcome on supports for young people

Theme	Athlone	Sligo	Cork	Limerick	Dublin 1	Dublin 2	Total
SUPPORTS FOR YOUNG PEOPLE							166
Formal supports							40
Separate counsellors (not teachers) in schools	12				7		19
Consultation days on mental health in and out of schools					11		11
Have ‘retreats’ (non-religious) that include team-building and getting to know people						8	8
Support services for parents to help them communicate with teenagers						2	2
Informal supports							126
Socialising helps: meet new people, takes your mind off things and is casual		39					39
Don’t preach at teenagers – give us information			24				24
Have someone to talk to whom you can trust			10	7			17
More positive attitudes to young people	14						14
Better awareness of mental health issues	13						13
Learn the skills to help/ assess your own mental well-being from an early age					11		11
More information in schools about organisations that can help	5						5
Drink/drugs awareness projects in towns and communities			3				3



Among the popular informal supports in Sligo was the need to socialise, which was considered helpful because *'you meet new people, it takes your mind off things and it is casual'*. The importance of *'information'* that is *'not preached'* at young people was also emphasised. Such information included formal consultation days on mental health, as well as additional information on and advertising of organisations that can help.

By and large, the participants felt that they needed to be encouraged to talk about themselves to others and to learn to recognise mental health problems in others as well as in themselves. These skills would better enable them to support each other and know when *'people just want to get over things themselves'* and to know the difference between a *'bad day'* and *'feeling depressed'*. They felt that if they had the skills and awareness to better support themselves and each other, this would greatly improve the mental health of young people.

KEY HELP

Socialising helps

KEY HELP

Counsellors in schools

KEY HELP

Don't preach at teenagers
– give information

4. RELATIONSHIPS WITH BOYFRIENDS AND GIRLFRIENDS

What alleviates the hurts in a relationship and how relationships can positively affect mental health.

Having previously discussed how relationships with boyfriends and girlfriends could damage mental health, the participants were equally able to voice the many reasons why relationships have a positive effect on mental health. These included:

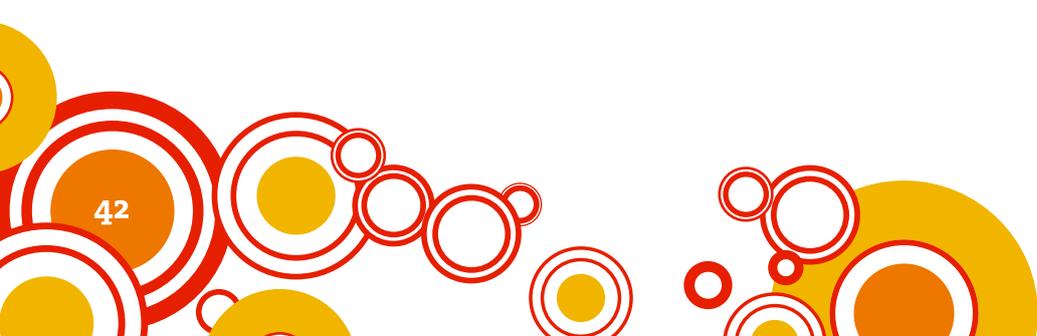
- having someone you can –
 - confide in and tell important things to;
 - trust;
 - spend time with;
 - be open with;
 - have fun with.
- boosting your popularity;
- introducing you to new friends;
- making you happy;
- making you more mature;
- giving you confidence;
- making you feel special;
- making you feel secure;
- making you feel loved;
- putting you in a good mood.



However, to further help mental health, the participants felt there needed to be better education on relationships, including on sex education because ‘sex education in Catholic schools is out of date’ (see Table 14). While it was suggested that ‘SPHE classes could deal with relationships’, it was also felt that there is too much of a generation gap between young people and teachers, who ‘don’t take young people’s relationships seriously’. The class on relationships needs to ‘focus on things that are relevant’ and needs ‘to be more in tune with young people’.

Table 14: ‘Sticky dot’ vote outcome on relationships with boyfriends and girlfriends

Theme	Athlone	Sligo	Cork	Limerick	Dublin 1	Dublin 2	Total
RELATIONSHIPS WITH BOYFRIENDS AND GIRLFRIENDS							136
Education							64
Sex education needs updating						38	38
Education in schools on relationships, including contraception, pressures in relationships, dealing with pressures to have sex, etc.			26				26
Other							72
Trust – stop jealousy, stop violence				28			28
Making time and space for friends and other aspects of life when in relationship			7			12	19
Boys and girls find different things helpful after a break-up, e.g. girls talk and boys go out and socialise						15	15
Talk about relationships with parents, sister/ brother, friends, etc (depending on topic)			8				8
Be sure you want to be in a relationship and be willing to commit				2			2



Outside of school, the importance of trust in a relationship and among friends was considered very important. When young people are in relationships, there is often a struggle between the 'new' boyfriend or girlfriend and the existing circle of friends. There was a feeling that while it was important to introduce the boyfriend or girlfriend to friends, it was also important to maintain a balance between friends and romantic interests. Similarly, it was advised to *'try to remain friends with your ex – it makes break-ups easier'*. In all of these relationships, the importance of trust to prevent jealousy and violence was deemed most important in maintaining healthy relationships.

KEY HELP

Sex education needs updating

KEY HELP

Education on relationships in school

KEY HELP

Trust

5. SELF-IMAGE

What can help promote a positive self-image for young people.

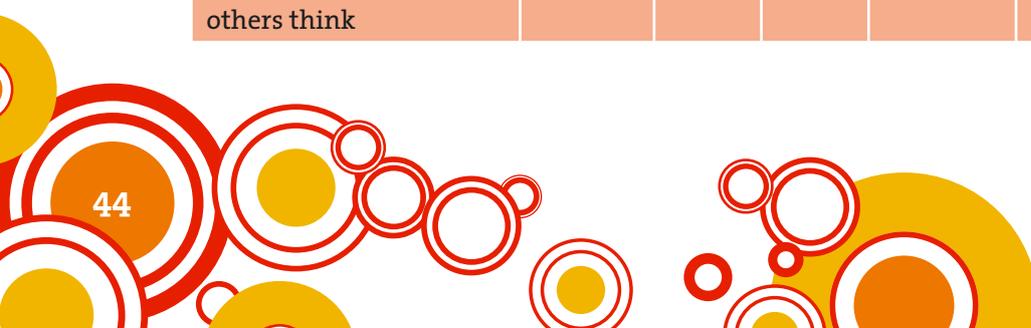
The discussion on self-image was one of the most animated and passionate discussions throughout the consultations. *'People judging you on how you look'* drew one of the largest votes under 'what hurts' (see Table 2) and 'how you look', body weight and stereotypes on image are some of the biggest issues for young people today.

In terms of 'what helps', the role of the media was again very dominant, especially in Limerick, where the participants felt that *'the media need to send out the right message'* and suggested that grants should be made available to media that portray a more realistic image of young people (see Table 15). They also felt that there should be an international approach to ensuring that the media send out that right message by portraying realistic images of people. In general, there was consensus that the media need to promote and portray people who are *'a normal size'*. To do that, there was a feeling that *'role models need to change'*, the media need to *'highlight models with more unusual features'* and *'ads on cosmetic surgery need to be monitored'*.



Table 15: ‘Sticky dot’ vote outcome on self-image

Theme	Athlone	Sligo	Cork	Limerick	Dublin 1	Dublin 2	Total
SELF-IMAGE							92
Media							58
Media need to send out the right message				16			16
Need different role models, e.g. Meryl Streep, Scarlett Johansson, Tyra Banks (talent needs to be applauded)				16			16
Grants to media (TV, magazines, etc) that promote people of all sizes				16			16
Take an international approach to ensuring the media portray a realistic image of people						5	5
TV programmes aimed at children need to be more realistic and dolls (e.g. Barbie) need to be a realistic size				5			5
School							30
Teachers should be less critical and judgemental, and learn to give constructive help			14				14
Uniforms are OK, but flexibility around hair/ make-up/piercing to allow young people to express themselves			10				10
Nutritionist to come into schools to talk about healthy eating and weight				6			6
Other							4
Encourage young people to be individualistic and to care less about what others think						4	4



It was felt that schools could also help promote a more positive self-image for young people by, for example, making wearing a uniform compulsory, which would mean there was less pressure on young people on what to wear. However, young people in Cork felt that there needed to be flexibility about uniforms, so that young people could express themselves with their hair styles, make-up and piercings if they wanted. As in many other debates, there was a call for improved SPHE classes that would include information on 'positive self-image' and another call for mentoring in schools so that everybody had 'a person you can confide in for the whole year'. The discussion in Cork also centred on teachers, whom it was reckoned need to be less judgemental and more encouraging.

Additional suggestions on what might help under 'self-image' included staging a 'National Self-image Day', which had:

- a fashion show with people of all sizes;
- fun days at school;
- information on what is a 'healthy' size;
- a support group for people who have low self-image;
- debates about image;
- celebrated uniqueness.

It was also suggested that:

- there should be more opportunities to have consultations with people from different backgrounds;
- a World Mental Health Day needs to be promoted;
- better services are needed for psychiatric care for teenagers.

KEY HELP

Media need to send out the right message

KEY HELP

Teachers should give constructive help

6. FAMILY

Importance of family in supporting and promoting positive mental health.

Although a negative environment and fighting within a family was considered a hurt that could negatively impact on mental health, young people also identified parents and families as very important in maintaining positive mental health (see Table 16). While young people felt that parents need to be more understanding, discussion in the workshops indicated that it is 'good to talk to parents directly' especially 'if you have problems in school'. There was a feeling that young people should be encouraged to talk to their parents more, but parents should also be given some help in dealing with teenage issues, such as teenage pregnancies, drugs and drinking. While recognising that 'parents should be the first people you turn to because you want them to support you', it was also felt that parents themselves should really listen before reacting and then react appropriately to situations and give reasonable explanations for their own behaviour. This is more likely to lead to the development of mutual respect and reasonable expectations between parents and young people.



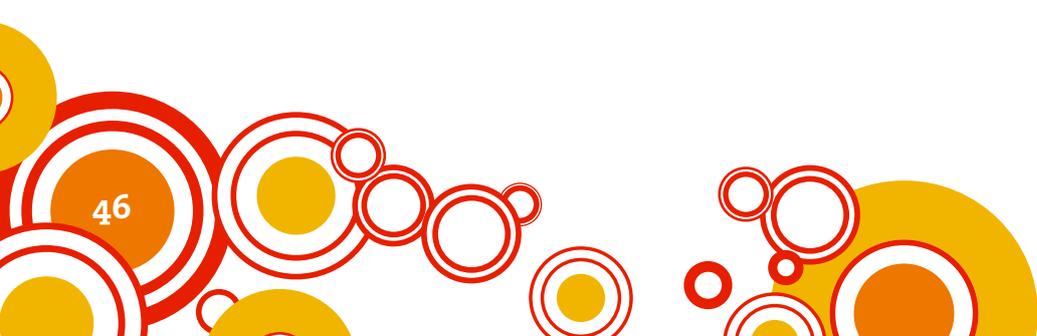
Table 16: 'Sticky dot' vote outcome on family

Theme	Athlone	Sligo	Cork	Limerick	Dublin 1	Dublin 2	Total
FAMILY							56
Parents							25
Parents need to be more understanding	11						11
Parents supporting essential needs (food, money, clothes)		8					8
Parents and teenagers should develop mutual respect and reasonable expectations of each other						6	6
Other							31
Friends and cousins providing support and understanding		22					22
Brothers and sisters standing up for you		5					5
Families should talk more and watch TV less				4			4

While it was seen as important to build this mutual respect between young people and parents, it was also acknowledged that *'there are some things you can't talk to your parents about, like sex, drugs and drink'*. In this case, the role of other family members, particularly cousins, came to the fore – *'it is easier to talk to cousins: you see them less often and trust them, more like your friend'*. That said, young people recognised that your *'family is the first to realise something is wrong because you live with them'* and that often you *'tell your family things you can't tell others'*. To improve relationships within families, young people promoted the idea of *'family dinners and a family day-out'*.

KEY HELP

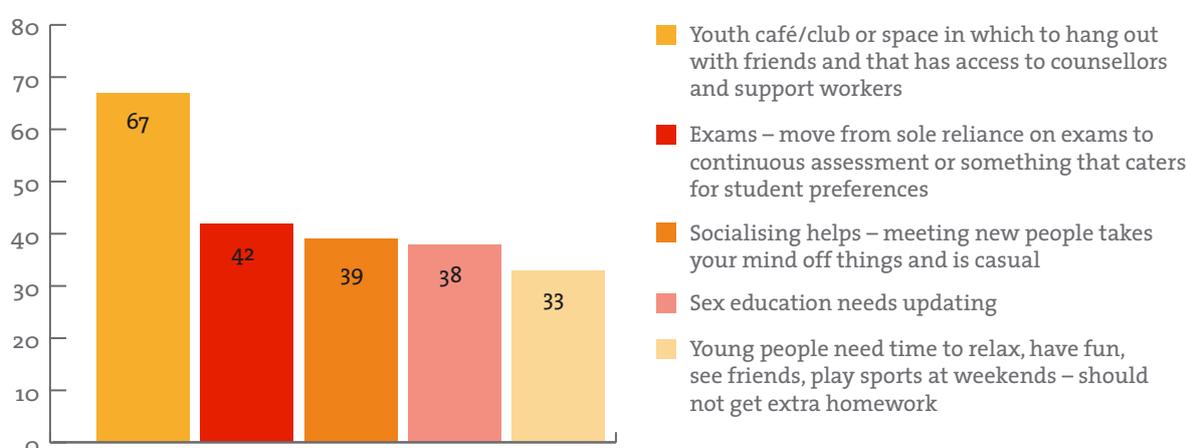
Friends and cousins provide support and understanding



Summary

Although the participants identified a multitude of factors that would positively impact on their mental health, there were 5 key 'helps' that received the most votes (see Figure 3). The importance of having a youth café or safe space to hang out with friends was identified as the single biggest potential help. The lack of facilities was also identified as one of the biggest 'hurts' or negative impacts on mental health. This goes hand in hand with the need for young people to have less homework so that they can socialise and relax, especially at weekends. As the exam system and pressure from exams was identified as one of the single biggest 'hurts' for young people, it is no surprise that a reform of that exam system and a 'move from sole reliance on exams to continuous assessment' is mooted as a potential 'help'. Considerable importance was also attached by young people to the need for sex education to be updated.

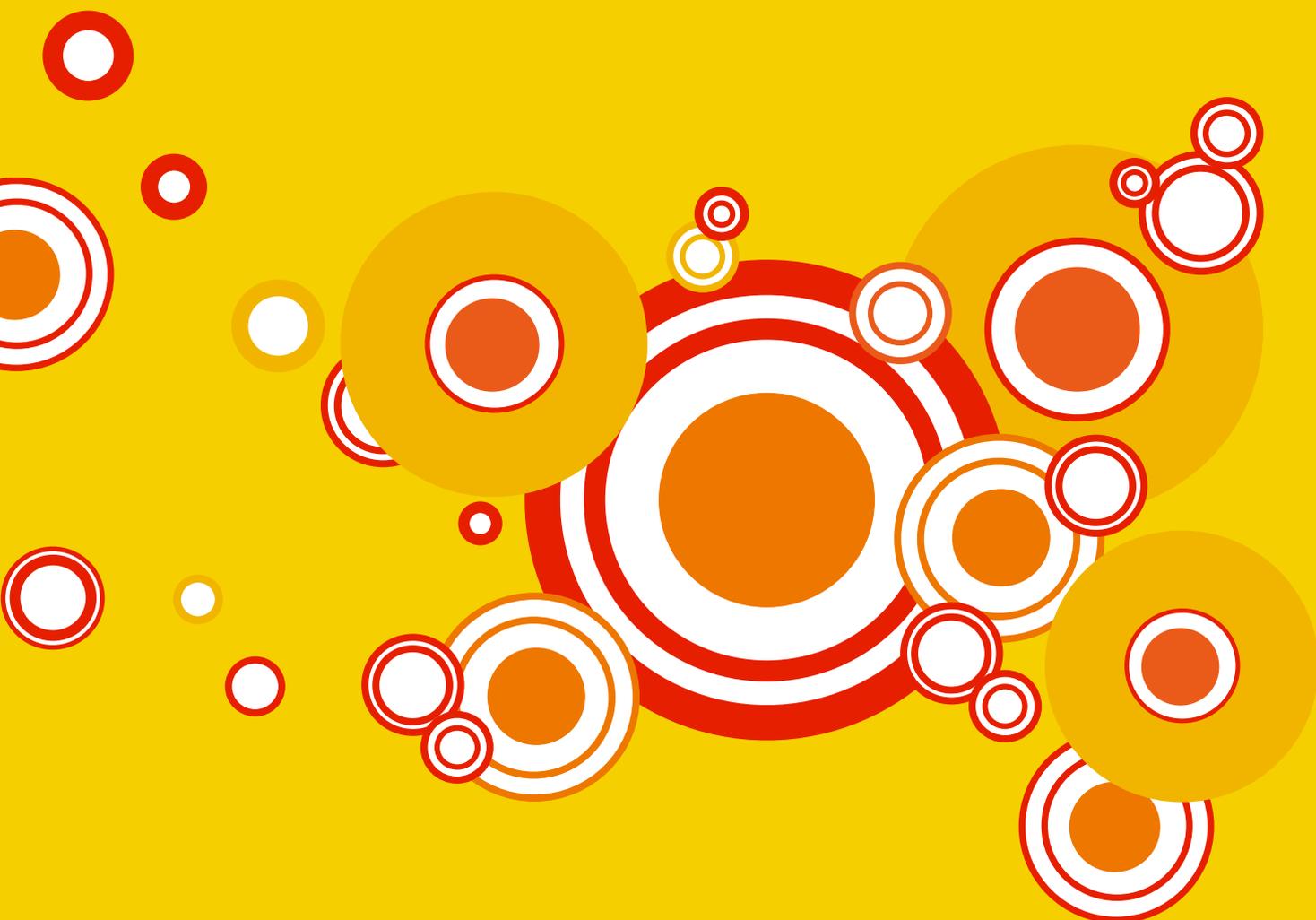
Figure 3: Key 'helps' at a glance, by number of votes

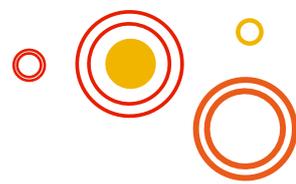


Detailed notes from the workshops on 'What helps?' are documented in the Appendices of this report, which are available on www.omc.gov.ie



5 Additional issues identified





Although not necessarily in the top ranking of what young people consider the most important issues in relation to mental health, there were a number of interesting workshops and discussions within workshops on the following themes.

Self-esteem and self-worth

'Lack of confidence' was identified as something that can have a damaging effect on mental health. Some people were also concerned about the fact that we *'assume that people are fine and don't give enough positive encouragement'* to others. Coupled with *'putting yourself under pressure to live up to others' expectations'*, often trying to over-compensate for other siblings, this can lead to low self-esteem, which is clearly likely to have a negative impact on mental health.

Drink and drugs

There was one workshop in Cork dedicated to the role played by drink and drugs in negatively impacting on mental health. The discussion centred on the damage inflicted if parents are drinking in the home as *'trust is gone'* and *'children are neglected'*. This can lead to young people feeling that parents are *'not there if you need them'*, which has lasting damaging effect.

There was also a concern that celebrity role models were doing a disservice to young people by *'normalising'* alcohol and drug addiction as *'every celebrity has been in rehab'*. This led to a sense that *'role models can let you down'*, with young people citing the example of Lindsay Lohan and Amy Winehouse, who now *'doesn't even know the words of her songs'*.

Discrimination

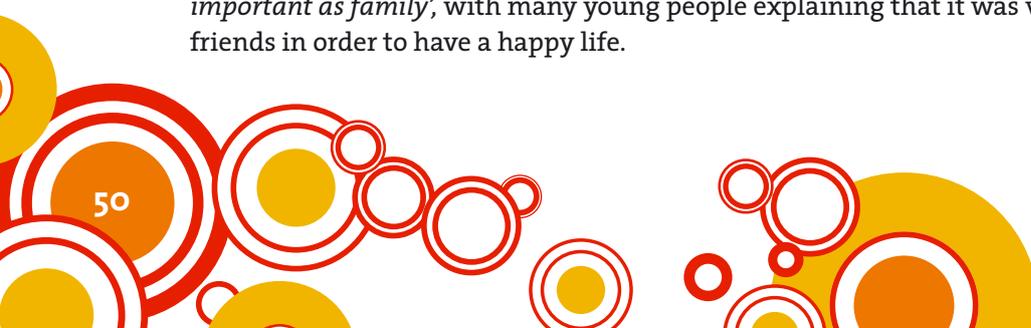
During the workshop on discrimination in Dublin, young people spoke of how *'sick and tired'* they are of being discriminated against. Examples cited included the increasingly common use of 'the mosquito', which is a device that transmits a piercing sound only audible to younger people and is used to discourage them from 'hanging around'. Young people also noted that supermarkets *'don't let young people use the self-service cash register'* and people *'stereotype young people and think that all young people are going to steal'*. It was considered most hurtful if you were discriminated against *'by the people you hang around with'* because this greatly affects self-esteem.

Financial issues

There was one workshop dedicated to financial worries in Sligo. Although young people said it was not a major issue, it was noted that *'not having money to go out means you have no social life and can become isolated'*. In addition, it becomes harder to *'keep up to date with friends and clothes'* and *'you might not be able to do school things'*, all of which can damage one's sense of self-esteem.

Friends

While there was some discussion on how friends can be a negative effect on one's mental health, as they *'put so much pressure on you'*, most of the discussion was in relation to the positive impact friends have on mental health. Some 23 votes in Athlone were used to express that *'friends are as important as family'*, with many young people explaining that it was vital to have a good network of friends in order to have a happy life.



6 MOVING DEBATES – Outcomes and analysis



Throughout the day, two ‘moving debates’ were staged on topics related to mental health. Moving debates are debates where the participants are posed a particular question and then asked to stand in a position that represents ‘agree’, ‘disagree’ or ‘undecided’. Participants are then asked why they chose to stand in each position and they have the opportunity to change positions based on the arguments heard from other positions.

There are several purposes for moving debates, including the provision of an opportunity for:

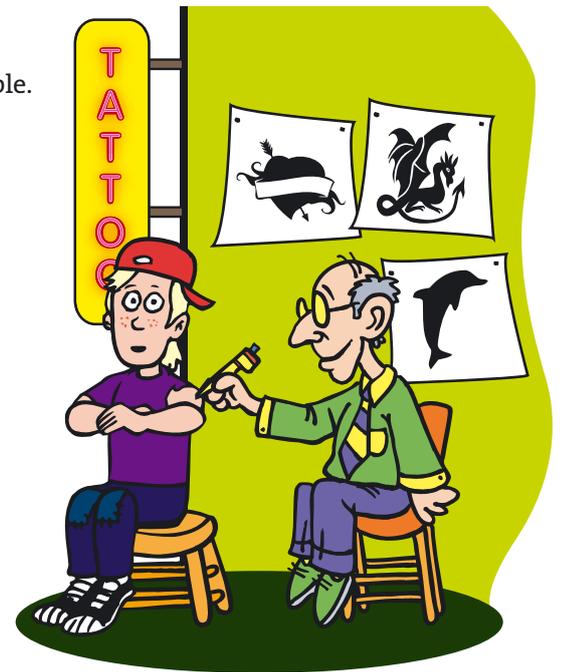
- young people to interact with each other in a different manner;
- physical movement;
- young people to engage with issues in a different format;
- the organisers to group ‘post-its’ into workshops.

Both debates ensured lively and animated discussion. While many young people had fixed views on the topics from the outset, others were persuaded by the arguments of their peers and changed position or became ‘undecided’. In all cases, the debates proved dynamic and highly informative, but left us in no doubt as to where young people stand on both issues.

Is tattooing or piercing a form of self-harm?

The first moving debate posed the question ‘*Is tattooing or piercing a form of self-harm?*’. The overwhelming majority strongly disagreed, with a handful of young people even suggesting that it was ‘*an insult to ask*’ the question. There were numerous reasons put forward as to why tattooing and piercing could not be considered self-harm, including:

- I chose to get a tattoo and it definitely wasn’t self-harm.
- It’s a form of self-expression, not self-harm. You self-harm to send out a message. But self-harm is also usually invisible. Tattooing is visible and celebrated.
- You are not going to pay €70 to self-harm.
- You are entitled to do so.
- It’s an expression of personality.
- It’s a form of art.
- It is often a tribute to someone.
- People do it to be tough.
- It’s about vanity.
- It’s an insult to suggest that it is [self-harm].
- It’s a way of expressing yourself through symbols.
- Why would you pay for it if it was a form of self-harm?
- It’s just fashion.
- It’s personal choice.
- It’s a form of self-expression that is a way of combating poor mental health.
- It’s a permanent expression of your identity.

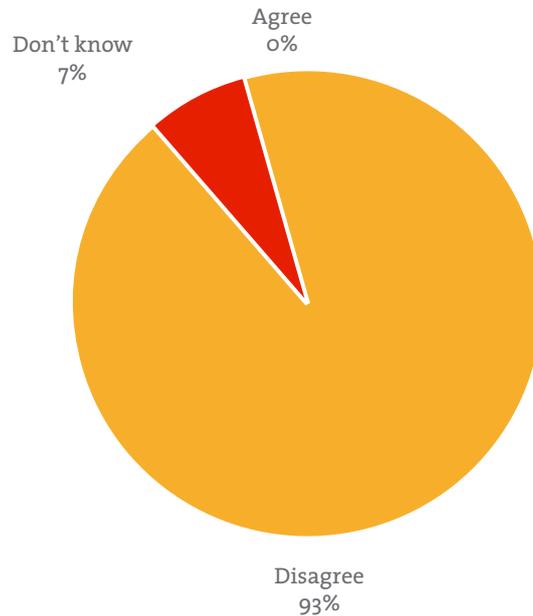


By and large, young people felt very strongly that tattooing or piercing was a form of self-expression or identity, and was definitely not self-harm. Some 7% of the total number of participants were not entirely sure and ended the debate in the ‘undecided’ position. Some of their reasoning included:

- Some people choose it as self-expression, but some choose it as self-harm.
- If somebody has lots and lots of piercings, maybe it is a way to destroy themselves.

However, as Figure 4 illustrates, there was little doubting that the majority of young people (93%) totally disagreed with the notion that tattooing or piercing was a form of self-harm.

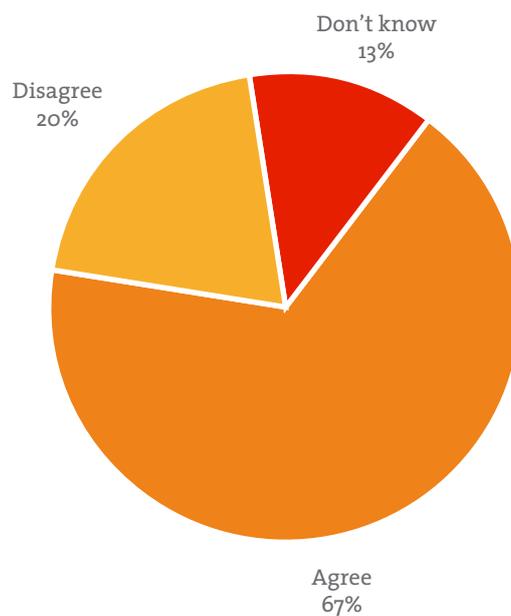
Figure 4: Is tattooing or piercing a form of self-harm?

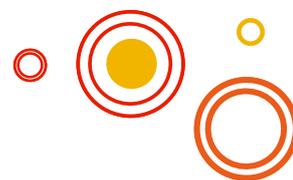


Are eating disorders a form of self-harm?

The second moving debate was a lot more contentious, with people more divided when asked 'Are eating disorders a form of self-harm?' As seen in Figure 5, 67% of participants agreed that eating disorders were a form of self-harm, while 20% disagreed. A further 13% remained undecided after the debate.

Figure 5: Are eating disorders a form of self-harm?





There were varying reasons why the majority felt that eating disorders were a form of self-harm, but most felt that whether you were conscious of it or not at the outset, it was a form of abuse to your body, which resulted in damage and destruction. Some of the arguments put forward in agreement of the motion included:

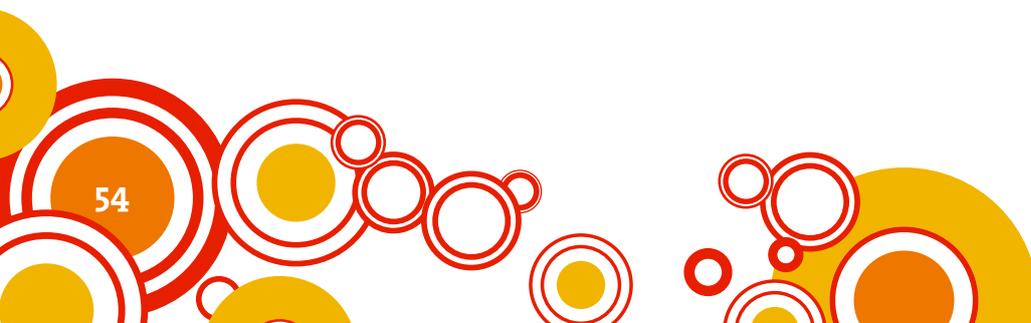
- You are destroying your body, so it is self-harm because you're upset with yourself.
- It is a form of abuse to your body – trying to control your body by not giving it what it needs, so it is a form of abuse.
- You do know what you are doing – expressing hate for self as a result of body.
- You are damaging yourself.
- You do know what you are doing.
- Eating disorders are a form of self-harm – you don't have control over what they do.
- People don't always realise they are harming themselves, but they are.
- You are harming the inside of your body.
- When you think of self-harm, you think of cutting. It is still an obsession and addictive – just on the inside instead of on the skin. Either way, it's self-harm.

However, one-fifth of the total number of participants disagreed that it was a form of self-harm, with many believing that you could be born with an eating disorder and can often be something that you do not have control over. In addition, many people felt that people with an eating disorder just started out '*wanting to be thin*' and were not doing it to harm themselves, only to achieve the end result of being slim. The arguments put forward in disagreement of the motion included:

- It's not self-harm – it's like a disease. You have no control over it – psychologically, you think something is wrong.
- People don't do it to harm themselves. They do it to get thin. The harm is a consequence.
- It's physically hurtful, but some people just want the end product or look, and not the harm.
- You could be born with an eating disorder.
- Not trying to harm themselves, but make themselves look better.

Despite the vibrant and engaged discussion, with much persuasive arguing, some 13% of the participants were still undecided at the end of the debate. They felt that much depended on each case – sometimes it was about dieting, sometimes about control and other times it was about self-harm. Other arguments from this cohort included:

- It doesn't start off as self-harm, but eventually becomes that because it is a physical symptom of mental illness.
- Some people eat for attention and others because it's a disorder.



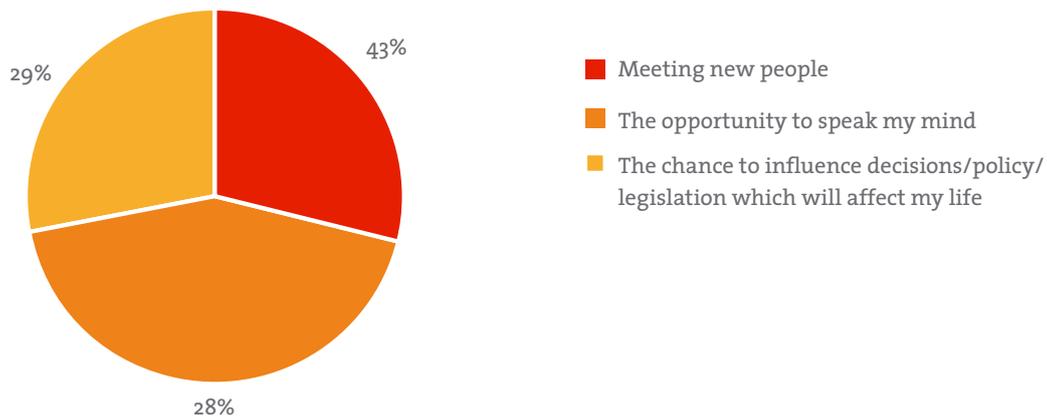
7 Evaluation by participants





A brief written evaluation sheet was given to all participants at the end of each consultation. The purpose of the evaluation was to secure information on the type of experience that young people had had during the consultations and to ensure any suggested improvements, where appropriate, could be made for subsequent consultations. In total, 252 evaluation sheets were completed. Many chose to tick multiple boxes where a number of options were available. The following is a brief analysis of the completed evaluation sheets.

What did you enjoy most about today?

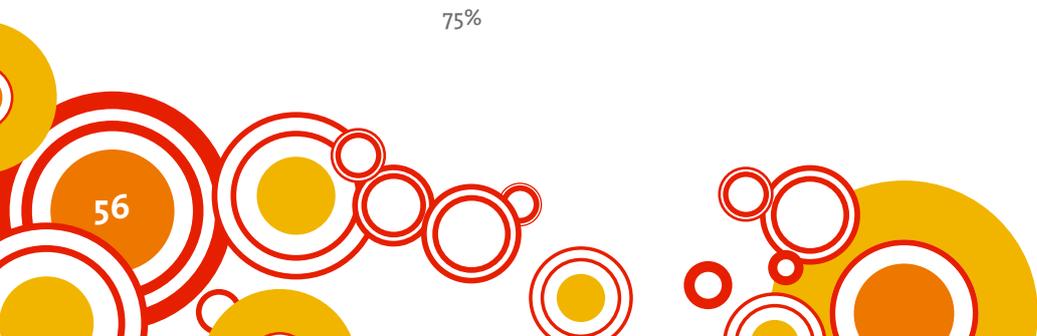
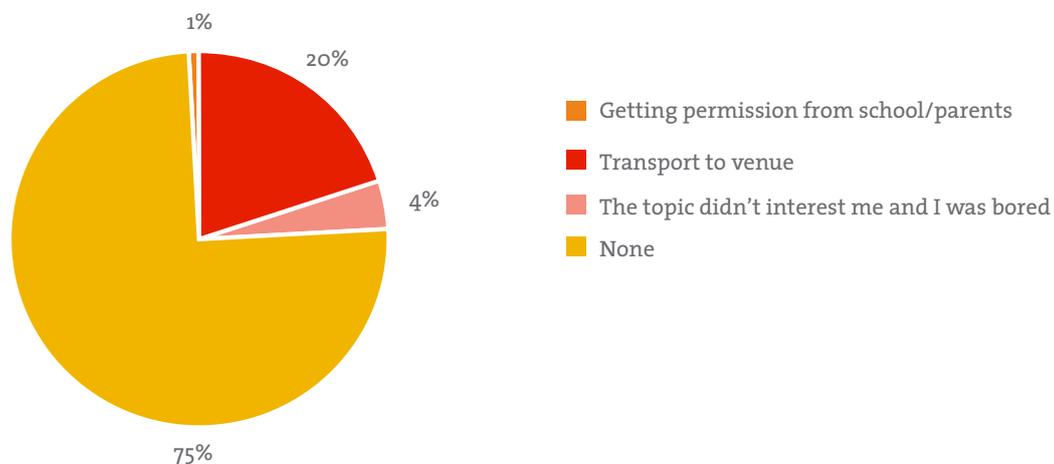


The informal nature of the consultations and the use of creative methodologies (such as Open Space and moving debates) allowed ample opportunity for participants to meet and get to know each other. Thus, the most enjoyable aspect of the consultations for 43% of participants was *'meeting new people'*. Almost equal weight was afforded to the *'opportunity to speak my mind'* (28%) and *'the chance to influence decisions, policy or legislation which will affect my life'* (29%).

Participants also had an opportunity to indicate 'other' reasons for enjoying the day and these included:

- Lovely food (4 responses).
- It was a great opportunity to talk about our mental health, which we do not often talk about.
- To see that teenage views are being taken seriously.

Were there any difficulties in you taking part today?

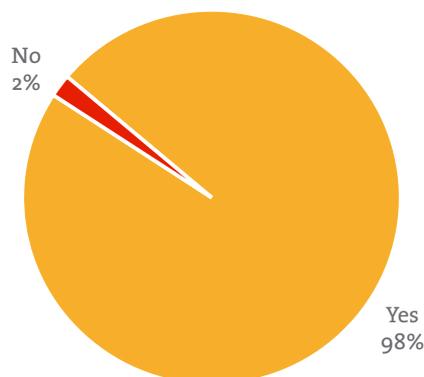


Three-quarters of participants (75%) had no difficulty in taking part in the consultations. Some 20% did experience difficulty in relation to transport to the venue, despite the fact that all venues had been deliberately chosen because of their central location and proximity to public transport hubs. This perhaps re-emphasises the point made at the consultations themselves about the difficulties with rural transport. A small number of people were not interested in the topic being discussed (4%) and an even smaller percentage had difficulty getting permission from their parents to attend (1%).

Among the other difficulties cited by participants were:

- Missing school to come (2 responses).
- Some people were let speak their mind more than others (2 responses).
- At first I felt isolated, but I quickly integrated after the icebreakers.
- Not really knowing anyone at first, but that was OK once in the workshops.
- Some people not taking it seriously.
- Some topics didn't interest me – not enough encouragement to speak your mind and some people didn't talk at all.
- Some of the topics were boring.
- No, I thoroughly enjoyed the day – very well-organised.
- Event was very accessible.
- Didn't get a chance to speak.
- Have disability – some physical aspects were difficult.
- I felt the topics were generalised.

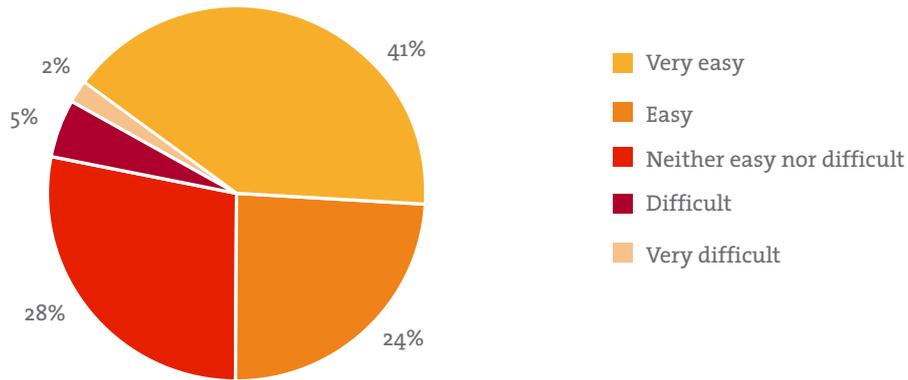
Did you get enough information at the beginning of the consultations?



Since the principal methodology for the consultations was Open Space, limited information was given out at the beginning to allow the young people to set the agenda themselves. This was explained to participants in the Overview session. Almost all of the participants (98%) expressed satisfaction with the amount of information given.

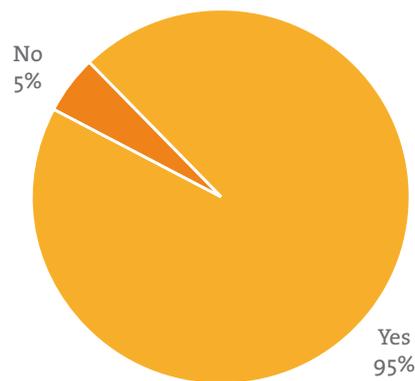


How easy/difficult did you find it to contribute to the workshop sessions?



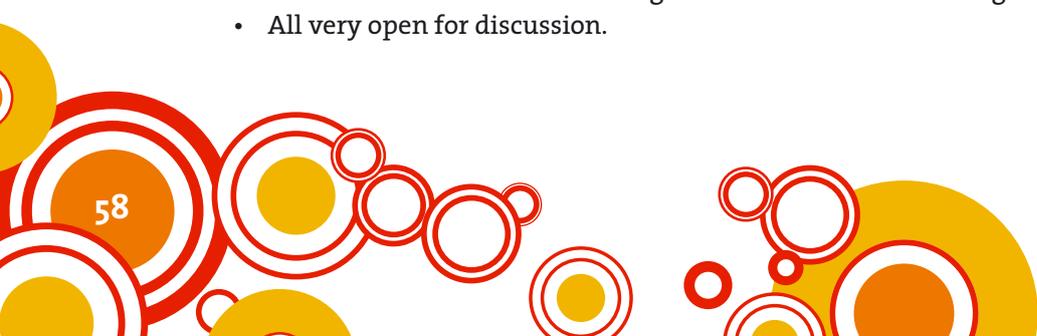
Every effort was made by staff at the event to ensure that all young people had the opportunity to contribute with ease to the consultations. The success of this effort is demonstrated by the fact that some 93% of participants did not report any difficulties with the process, with 65% considering it 'easy' or 'very easy' to make a contribution.

Did you like the use of the 'Open Space' for the workshops?



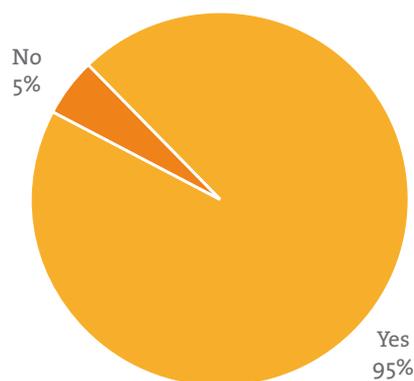
95% of participants liked the 'Open Space' methodology used in the workshops. They appreciated the relaxed nature of the sessions and the fact that everyone was free to choose the topic that most interested them. Among the many comments received in relation to the 'Open Space' were:

- It was very relaxed (3 responses).
- Some areas were more neglected than others.
- Great idea.
- Everyone listened when you spoke.
- It gave the chance to move around.
- It allowed for a variety of issues to be discussed.
- It let you choose which one to go to.
- Brilliant to hear everyone's views and got some great ideas.
- It was a *really* good idea, more like a conversation. I have been at Dáil na nÓg for two years and have often been stuck in a group that didn't interest me.
- It was a really good way.
- It was so much better than being told what we are discussing.
- All very open for discussion.



- Felt comfortable, relaxed and easy to speak in.
- It allowed us to get our points across without being influenced beforehand.
- Love the idea of choosing the area you felt most interested in and passionate about.
- Maybe better in different rooms.
- Really shows you want to listen to our views.
- I liked the casual take and letting us choose our own groups.

Did you like the use of 'sticky dots' for voting at the end?

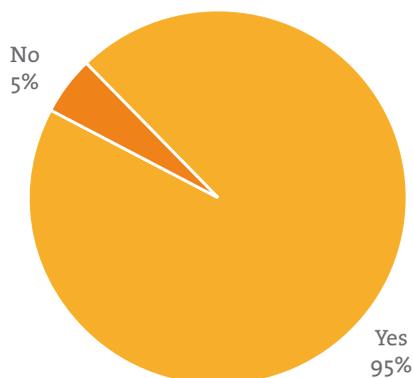


The great majority of participants (95%) liked the use of the 'sticky dot' voting system, with many commenting on the visual impact of the system and the fact that *'it gave an immediate representation of the votes'*. While one person commented that electronic voting is better, there were more comments indicating that *'it was the best method of voting I have ever come across at these types of consultations'*. Some of the other comments in relation to the 'sticky dot' voting system included:

- It was easy to see the vote (12 responses).
- Good visual impact – you could see straight away the most important topics.
- It gave an immediate representation of the votes.
- Very effective, will contribute well to statistics.
- Everyone had a say, easy to see and identify top topics.
- It clearly displayed our views.
- Very good to get a majority vote.
- It's better than electronic voting.
- Electronic voting would be better.
- Very colourful.
- It gave a clear image of what we think.
- It showed what we thought clearly.
- It highlighted the most important issues.
- Everyone copies what their friends are doing.
- Better than a show of hands.
- Put a bit of fun into it.
- Brilliant idea – very innovative.
- The ones that didn't get as many votes were still important, so they could still be included in the decision.
- Best method of voting I have come across at these types of consultations.
- The results weren't very accurate – for example, socialising to help problems!



Do you feel that you were listened to at the consultations today?

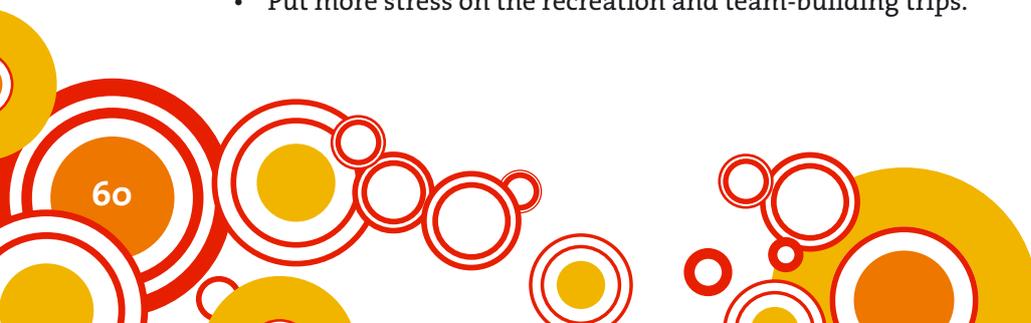


95% of participants felt that they were listened to at the consultations. There were some comments on the evaluations in relation to the information now *'getting to the right people'* and *'having an impact'*.

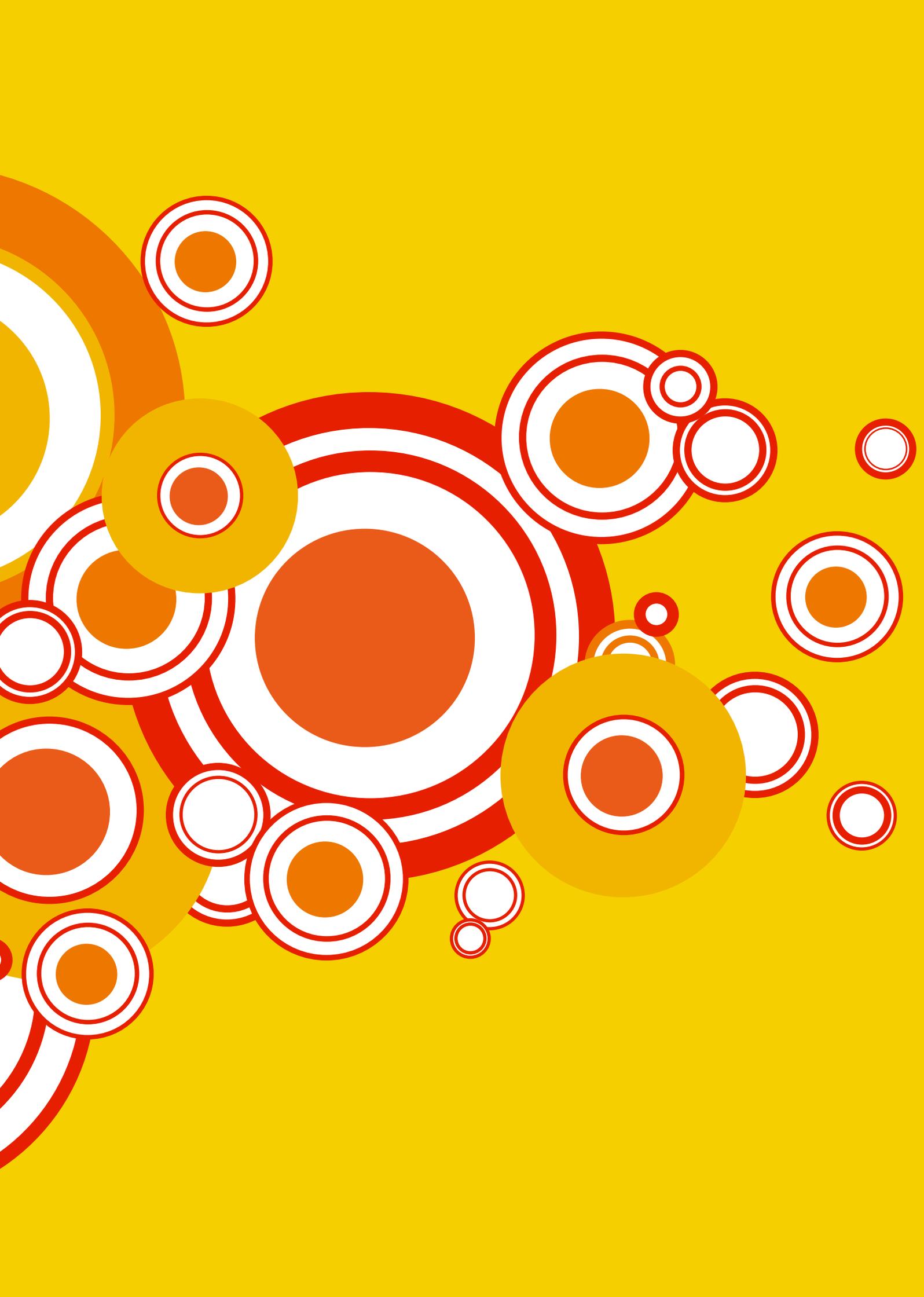
Is there anything that you would like to change about the consultations?

Many participants noted that they would not make any changes to the consultations because *'they were a brilliant idea'*. There were, however, a number of calls to have such consultations more often and in more towns across the country. A handful of comments indicated that the consultations were a bit too long and drawn out, while others called for less time constraints. There were a number of additional comments, including:

- Well-organised, but have shorter (4 responses).
- Less time constraints (4 responses).
- Heat in the room (3 responses).
- Advertise the consultation as a survey more than an information/consultation about mental health (3 responses).
- Give more of an opportunity for people to get to know each other (2 responses).
- Less people – there were too many.
- Having more even groups [in terms of numbers attending workshops].
- Smaller groups to be more personal.
- Smaller groups and more interaction.
- Less groups to choose from, so you can touch on every topic.
- Maybe to change the moving debates as everyone moves in direction of their friends.
- No, I thought it was done really well.
- More free stuff.
- Go out for lunch.
- Maybe more workshops and games.
- Found it really efficient and helpful.
- Talk more about local areas to help improve the standards in facilities.
- I would like to see the teenagers deciding on what topics to talk about.
- Put more stress on the recreation and team-building trips.



- Make it more fun and better food; the room was way too warm.
- Was a brilliant idea, especially the way you got to choose what group you took part in.
- More of a debate on views.
- More talk on dealing with death/suicide and how to deal with friends who have mental health issues.
- Being able to go to all of the conversations – it was hard to pick.
- A chance to talk about a topic you thought was important.
- I would like to be part of the staff.
- More free time for people to talk to each other.
- Some people didn't stop talking in the workshops and it was hard to get a word in edgeways.
- Some people wouldn't accept other views and argued, making you feel small.
- The fact that the important information acquired will be lost while travelling up the bureaucratic ladder. Minister being absent – pointless.
- Make it more interesting and fun.
- Put people of the same age in same groups and not have people laughing or making fun of your opinions.
- Having a more youth-friendly setting.
- Try to ensure everyone comments on something.
- Let more people talk and get listened to, rather than a small few.
- Make it longer.
- Have them [consultations] in more towns.
- Need to talk more about family and rape crisis.
- Make it more fun because some parts are very boring and I got restless.
- Change the formats as repetition slightly boring.
- Listen more to the opinion of the people and don't be so stereotypical.
- It was very slow starting off, but once the groups were formed it was a lot better.
- Don't do warm up stuff, like clapping hands or games.
- More opinions and less percentages.
- Teenagers won't strike up a topical conversation on their own.
- More specific aspects to the topics.
- It was the best craic – everyone was nice and helpful.
- More info at the start.
- More openness to opinions.
- Have people there who have overcome depression.
- More balanced – boys and girls.
- More games and longer lunch.
- That you can join in more than three discussions.
- Leaders were very good at communicating with us.



8 Conclusions





A consultation process that allowed young people to determine their own agenda on the topic of teenage mental health was devised in a space that was open, safe and encouraging. This report attempts to reflect the outcomes of the discussions and voting on this topic throughout the six locations nationwide.

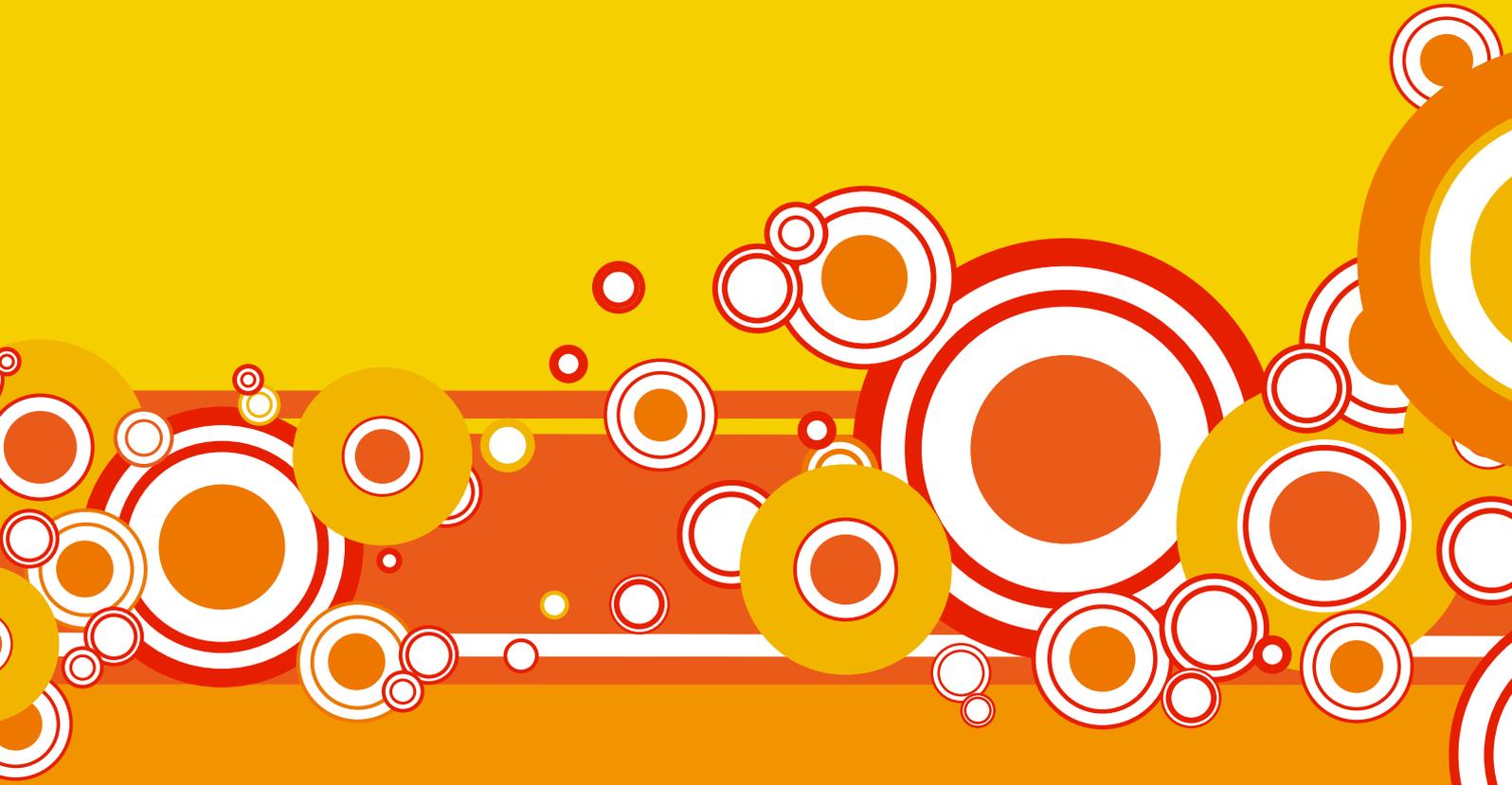
From the outset of the workshop discussions, it was apparent that the participants were extremely aware of mental health issues and were equally articulate in expressing that awareness, proffering a variety of suggestions as to what constituted positive mental health. Similarly, the participants were also keenly aware of many of the signs of poor mental health, while readily acknowledging that the signs are not always obvious for a variety of reasons.

It is clear that when considering the negative impacts on mental health, self-image, bullying and family are the three issues to the fore in young people's minds. In addition, school, relationships with significant others, death, peer pressure and isolation are all of importance. Overall, self-image (or at least being judged for how you look) and the pressures associated with school and the exam system were the two most significant areas of 'hurt' in relation to teenage mental health. Unsurprising 'hurts' such as the death of a close family member or friend, as well as the effects of peer pressure, were also cited as key individual negative impacts on mental health.

The participants were not only extremely adept at identifying what 'hurts' their mental health; they were also equally capable of identifying solutions or 'helps' in each of the areas considered hurtful. The importance of having a well-resourced youth café or club to hang out with friends in a safe environment was considered of paramount importance in maintaining positive mental health. Addressing the exam system in a move away from sole reliance on exams was also considered vital. Pervading many of the other solutions was the notion that young people need to have enough time outside school and homework commitments to relax and socialise, especially at weekends.

It is clear that while young people are very aware of what negatively impacts on their mental health, they also have the capacity to see their mental health in a very positive light and recognise the need to look after that mental well-being. This report highlights many key areas and practical suggestions that young people have identified as important in maintaining that positive mental well-being. Such identified issues are not limited to the arena of 'mental health' per se, but rather spread throughout the structures and people in their everyday lives.

While such a gamut of ideas make it more of a challenge to make a positive change or impact, young people have clearly expressed the view that change in these very areas (such as in school and in their social settings) will make all the difference in their lives. In this regard, the findings of this report have implications for policy and decision-makers far and beyond those working in the field of mental health. Rather, the findings present a challenge and have implications for policy-makers, decision-makers, service providers and practitioners in education, local government and the media, as well as for parents, family members and indeed young people themselves. Responding to that challenge is therefore vital. The mental well-being of young people in Ireland may well depend on it.



Oifig an Aire Leanaí agus Gnóthai Óige
Office of the Minister for Children and Youth Affairs



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