Well-Being in Post-Primary Schools

Guidelines for Mental Health Promotion and Suicide Prevention

National Educational Psychological Service

OIDEACHAIS AGUS SCILEANNA | EDUCATION AND SKILLS

An Roinn Sláinte
DEPARTMENT OF HEALTH

HSE
Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

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[1]Social, Personal and Health Education
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Resources and funding for this work were provided by the Health Service Executive/National Office for Suicide Prevention and the Department of Education and Skills/National Educational Psychological Service.

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

The Guidelines are available in electronic format.

January 2013

FOREWORD

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

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

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

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

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

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

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

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

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

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SECTION 1

INTRODUCTION

1.1 | CONTEXT

Positive mental health enables young people to live fulfilling lives. Promoting the mental health and well-being of our young people is a shared responsibility and is everybody's business. Schools are in a unique position to promote mental health and emotional well-being and to identify young people experiencing emotional distress. Boards of management, school leaders and teachers play a central role providing leadership and direction in implementing a comprehensive and integrated approach to mental health promotion. Responsibility for mental health and well-being also rests with the wider school community. In addition, collaboration and partnerships between different sectors and agencies are essential.

These Guidelines are based on national and international evidence and best practice. The Guidelines adopt a comprehensive, whole-school approach to mental health and well-being. They focus on the entire school community, not just individual young people with identified needs. Mental health and well-being are linked to developing a sense of connectedness to school to enable young people experience success, and to develop their social competencies and resilience to face the challenges of everyday living.

Schools are one of the key settings for the promotion of the mental health of young people.

The role of a school, with reference to Section 9(d) of the Education Act 1998, is to "promote the moral, spiritual, social and personal development of students and to provide health education for them in consultation with their parents, having regard to the characteristic spirit of the school."

Adolescence is a particularly vulnerable life stage during which mental health challenges can arise. National policy on mental health and suicide prevention highlights the important role schools play in addressing mental health concerns (HSE, 2005).

The school environment is not only a place of learning, it also provides opportunities to develop friendships and social networks, and access to support structures, all of which have a significant influence on the development of young people. The classroom learning and teaching climate, the approaches used, and the relationships and interactions that young people experience, all impact on the mental health of young people.

Schools also serve to connect young people to their communities through sport and cultural activities and through learning activities, such as work experience, enterprise education and volunteering/fundraising. This "connectedness" to communities is a core strength of schools.

The promotion of health and well-being using integrated and holistic approaches is essential to the cognitive, emotional, social and academic development of young people *(Barry & Jenkins, 2007)*. Mental health promotion is the cornerstone of suicide prevention and a key area within the broader area of health promotion in schools, as exemplified by the Health Promoting School (HPS) concept and process.

'It is vital that those who seek to promote high academic standards and those who seek to promote mental, emotional and social health realise that they are on the same side, and that social and affective education can support academic learning, not simply take time away from it. There is overwhelming evidence that students learn more effectively, including their academic subjects, if they are happy in their work, believe in themselves, their teachers and feel school is supporting them.'

(Weare, 2000)

A Framework for Junior Cycle (DES, 2012), places a strong emphasis on the development of young people's well-being. In its curriculum framework, the young person is placed at the centre of the educational experience. The framework provides broad scope for schools to develop and reinforce a young person's key skills in critically important areas, such as managing self, staying well, communicating, being creative, managing information and thinking, and working with others.

The Junior Cycle Framework sets out what it is essential for students to know, understand, value, and be able to achieve. All students should be empowered to take action to safeguard and promote their well-being and that of others.

'Learning should take place in a climate founded on the collective well-being of school, community and society' A Framework for Junior Cycle (DES, 2012)

1.2 PURPOSE OF THE GUIDELINES

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

A whole-school approach refers to an approach which goes beyond the learning and teaching in the classroom to pervade all aspects of the life of the school. This includes involvement by students, teachers, principals, all other school staff, health personnel, school managers, school visitors and the wider school community who interact with the school.

The purpose of the Guidelines is to:

- outline how schools can progress mental health promotion work using the National Educational Psychological Service (NEPS) Continuum of Support Framework, which is based on the WHO Model for mental health promotion as shown in Figure 4 on page 15
- highlight the need for a holistic approach, as reflected in the Health Promoting Schools' Framework, whereby school organisation, ethos and climate, curriculum and community links and partnerships, are all interconnected
- build on the existing good practice already in place in many post-primary schools
- provide an outline of the relevant supports and services available for schools in relation to mental health promotion and suicide prevention.

1.3 WHO ARE THE GUIDELINES FOR?

These Guidelines are for all members of the school community. In particular, they are designed to help school leaders, senior management teams, guidance counsellors, student support teams, and also, very importantly, subject teachers. In addition, the Guidelines are relevant to boards of management and in-school management teams who play a central leadership role in mental health promotion. The Guidelines will also be useful for parents' associations, student councils and health and other personnel who work in and with schools.

1.4 WHO DEVELOPED THE GUIDELINES?

In response to Action 2.1 of *Reach Out: National Strategy for Action on Suicide Prevention 2005-2014 (HSE, 2005),* the Social, Personal and Health Education (SPHE) interdepartmental committee established a sub-committee on

mental health to develop a mental health framework taking into account the views of stakeholders and relevant research. This sub-committee included representatives from the Department of Health and Children (DoHC), the Department of Education and Skills (DES) and the Health Service Executive (HSE). Funding was provided by the National Office for Suicide Prevention (NOSP) and the Department of Education and Skills (DES) to support the development of this work.

1.5 HOW WERE THE GUIDELINES DEVELOPED?

The Guidelines were developed in three phases:

Phase 1: Consultation

A national consultation process was carried out involving the key stakeholders from health, education and other relevant sectors. The *Framework to Support Mental Health Promotion/Suicide Prevention in Post Primary Schools in Ireland: Consultation Report* is available on the National Office for Suicide Prevention website www.nosp.ie.

The consultation process highlighted a number of important findings including:

- the significant level of work currently undertaken in post-primary schools in relation to the promotion of positive mental health and suicide prevention
- the high level of concern about, and awareness of, the broad range of issues impacting on the mental health of both young people and staff
- the need for strong leadership within schools
- the need for well developed internal school supports and access to relevant external supports
- the importance of Social, Personal and Health Education (SPHE) and Relationships and Sexuality Education (RSE) programmes for all students in addressing positive mental health promotion
- the challenges in relation to the consistent implementation of SPHE/RSE
- the concern that post-primary schools may be viewed as the solution to all mental health problems among young people
- the need for increased coordination and collaboration between schools and external agencies
- the need for agreed approaches by all staff members at classroom and whole-school levels

Phase 2: Literature Review

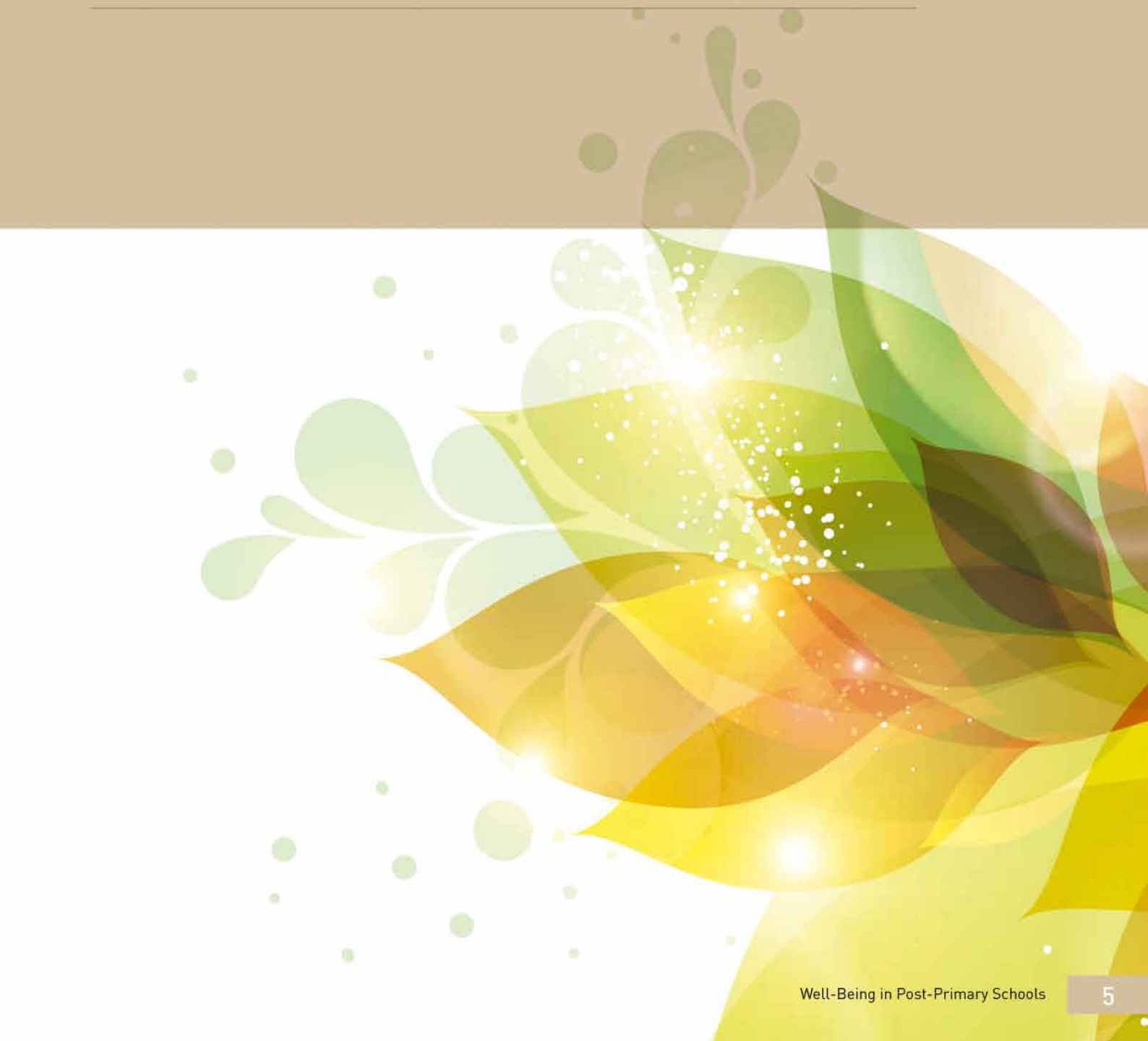
The national and international literature review undertaken provided an evidence base, which identified good practice to address mental health promotion and suicide prevention in post-primary schools. The Literature Review is available at www.nosp.ie.

Phase 3: Development of the Guidelines

The development of the Guidelines has been informed by the findings of the consultation process and the literature review. This has involved ongoing discussions and review with key partners.

SECTION 2

MENTAL HEALTH PROMOTION AND SUICIDE PREVENTION



2.1 WHAT IS MENTAL HEALTH PROMOTION AND SUICIDE PREVENTION?

It is important to have a common understanding of the definitions of mental health, mental health promotion, youth mental health and suicide prevention, as they relate to a post-primary school context.

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

Mental Health promotion involves actions to create living conditions and environments that support mental health and allow people to adopt and maintain healthy lifestyles. It is related to the promotion of well-being, the prevention of mental disorders, and the provision of support for people affected by mental health problems. The focus of mental health promotion is on outcomes to strengthen people's sense of control, resilience and ability to cope with life's challenges.

Mental health promotion works at three levels:

1. Strengthening individual skills and abilities (resilience, communication, negotiation and relationship skills)
2. Strengthening community by creating conditions that promote mental health and increase support, safety and access to services
3. Reducing structural barriers to mental health (promoting access to education, housing, services and reducing discrimination and inequalities)

Mentality (2003)

Within the school setting, mental health promotion is about 'providing a full continuum of mental health promotion programmes and services in schools, including enhancing environments, training and promoting social and emotional learning and life skills, preventing emotional and behavioural problems, identifying and intervening in these problems early on, and providing intervention for established problems.'

(Weist & Murray, 2008)

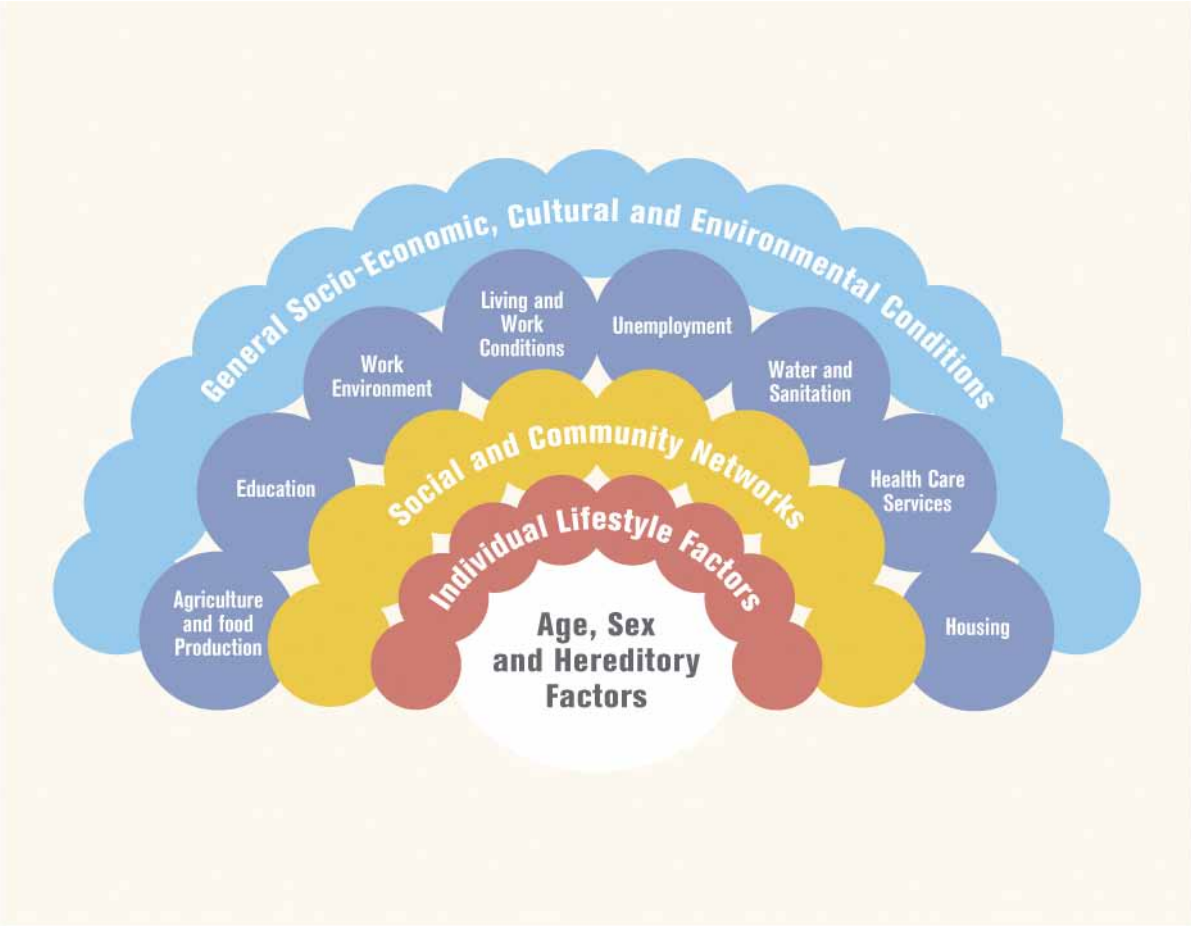
Health promotion in the school setting is a shared responsibility and not just the sole responsibility of the SPHE/RSE team or any one individual. Our health, including our mental health, is influenced by many different factors. Effective health promotion requires individuals and systems to address all the determinants of health. The key determinants of health are outlined in **Figure 1** opposite.

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

For young people, mental health is part of their overall health and emotional well-being and is about:

- how they feel, think, and behave
- how they cope with the ups and downs of everyday life
- how they see themselves and their future
- how they are affected by and deal with stress
- their self-esteem, self-confidence and self-worth
- their ability to identify and express their feelings appropriately
- their ability to ask for help and to access support
- how they are affected by and cope with interpersonal difficulties eg bullying

Figure 1: Determinants of Health (Adapted from Dahlgren, 1995)



Suicide prevention aims to reduce the impact of risk factors associated with suicidal behaviour and to protect young people engaging in such behaviour (Reach Out, 2005). Programmes or initiatives focused directly on raising young people's awareness of suicide may appear to be desirable, especially in the aftermath of a suicide. However, there is insufficient evidence to support such an approach. There is evidence to suggest that some suicide prevention approaches may be counter-productive, as they may increase a sense of hopelessness in some young people (Poijula, 2001).

Within the school setting, suicide prevention should focus on building resilience in young people to enable them cope with the various challenges they encounter during adolescence. Key to this approach is to build a health promoting school environment, where mental health and well-being are highlighted, where SPHE has a high profile and is implemented effectively, and where staff members are educated about mental health and suicide prevention. It is also about developing integrated structures and systems at whole-school level to support young people in distress and to respond appropriately in the event of a crisis.

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

There is substantial evidence that mental health promotion programmes in schools, when implemented effectively, can produce long-term benefits for young people including emotional and social functioning and improved academic performance.

Multi-component prevention and promotion programmes that focus simultaneously on different levels, such as changing the school environment, improving students' individual skills and involving parents, are more effective than those that intervene on one level only.

(WHO, 2012)

A positive educational experience and a good level of academic achievement can contribute significantly to enhancing self-esteem and confidence, better employment, life opportunities and social support (Mentality 2003). The school setting provides an opportunity to reach many young people during their formative years and provides a socialising context that has a significant influence on their development. Experiencing a sense of belonging and connectedness in school through sports and extra-curricular activities, and having good relationships with peers and teachers promote positive health outcomes in young people. There is clear evidence that young people, who are emotionally or mentally healthy, achieve more and engage actively in school and community life (Weare, 2000). A supportive school environment where high expectations and aspirations are the norm for all young people can of itself contribute significantly to lifelong health and well-being.

Many schools currently provide a range of evidence-based supports and interventions that address the emotional well-being of young people. In particular, the effective and consistent implementation of SPHE, as part of a whole-school approach to mental health promotion, is critically important. Furthermore, many schools already address mental health promotion and suicide prevention through the coordinated implementation of the whole-school guidance plan (National Centre for Guidance in Education (NCGE), 2004) and through the health promoting school framework.

Building positive interpersonal relationships and addressing anti-social behaviour eg bullying, encouraging and empowering young people, and supporting parents/guardians within the school community, are vital to mental health and well-being. There is a need to ensure that young people are aware of the range of supports provided within the school as well as those offered by external agencies. They must also be supported to develop confidence and help-seeking skills to access supports, as well as the capacity to become responsible and mature adults.

The most effective interventions in schools involve one or more of the following:

- a social competence approach (ie learning generic skills designed to increase self-management, problem-solving, communication, self-esteem, resisting negative social influences and increasing resilience)
- a whole-school approach
- continuous implementation and review of programmes ie not once-off interventions
- promotion of positive mental health and well-being rather than prevention of mental illness
- provision of social support to young people

Adapted from Mentality (2003)

Young People with Special Educational Needs

Schools are responsible for the inclusion and well-being of all students including those with special educational needs and disorders. Young people with an enduring mental health disability are considered under the Education for Persons with Special Education Needs (EPSEN) Act to have special educational needs.

Special educational needs is defined as:

A restriction in the capacity of the person to participate in, and benefit from education on account of an enduring physical, sensory, mental health or learning disability, or any other condition which results in a person learning differently from a person without that condition.

(EPSEN Act, 2004)

Some young people may have complex needs over an extended period of time, while others may require a short-term intervention. It is strongly advocated that school mental health programmes and interventions should be available to all young people, including those in mainstream, special education, and in diverse educational settings (Weist & Murray, 2007). Mental health promotion and early intervention, when effectively implemented in schools, will facilitate compliance with the EPSEN Act (2004). How the school identifies, intervenes and monitors its students requiring additional support is crucial in implementing its duty of care.

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

The *My World Survey* (Headstrong, 2012) of 14,500 young people aged 12-25 years in Ireland highlighted a number of key findings.

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

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

- About two thirds of young people reported that when they had problems, they usually talked about them with someone they trusted.
- Males are less likely to talk about their problems than females. If a young person chooses to talk about his/her problems, they have been shown to have lower levels of distress.
- Adolescents who ranked themselves at the 'bottom of the class,' were more likely to experience more severe symptoms of depression and anxiety, but not stress.
- Young people who had experienced bullying were also more likely to report symptoms of distress.
- Nearly 10% of young people of school-going age reported significant personal problems, which they felt needed professional help, but this help was not sought. These young people reported high levels of distress and low levels of well-being.
- Substance misuse among young people was shown to be related to poor mental health and well-being, and suicidal behaviour.
- Over a fifth of young adults indicated that they had engaged in self-harm and 7% reported a suicide attempt.
- Suicidal thoughts, rates of self-harm and suicide attempts were found to be higher among young people who did not seek help or talk about their problems.

In a study of risk and protection factors for substance use among young people (NACD, 2010), there is evidence to show that young people with depression are more likely to smoke and/or use cannabis and other drugs.

It was reported by the Child and Adolescent Mental Health Services (HSE 2012) that one in 10 children and adolescents experience mental health disorders, which impact on their family, relationships, learning and day-to-day coping skills. It was also reported that a total of 9% of referrals come directly from the education sector to CAMHS, with a small number of one-on-one sessions provided by CAMHS for young people in the school setting.

Figure 2: Protective Factors to Enhance Resilience among Young People

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

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

Suicide and self-harm statistics among young people indicate that:

- A total of 552 deaths by suicide occurred in Ireland in 2009, representing a rate of 12.7 deaths per 100,000 population (CSO, 2012)
- Ireland has the fourth highest rate of youth suicide in Europe. Suicide is among the top five causes of mortality in the 15 to 19 year age group in Ireland (CSO, 2012)
- Between 2004 and 2008, a total of 93 deaths by suicide were recorded for those under 18 years, 74 of which occurred between those aged 15 and 17 years (CSO, 2012)
- In 2011, the National Registry of Deliberate Self-Harm reported that 904 young people, aged 17 and under, presented at emergency departments with deliberate self-harm. Of the recorded presentations for 10 to 17 year olds, 34% were boys and 66% were girls (NSRF, 2012)

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

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

A mental health risk factor is an internal condition (eg temperament) or external condition (eg environment) that increases the likelihood of the development of a mental health problem.

A mental health protective factor is an internal or external condition that protects positive mental health, enhances the capacity to cope and reduces the likelihood that a mental health problem or disorder will develop.

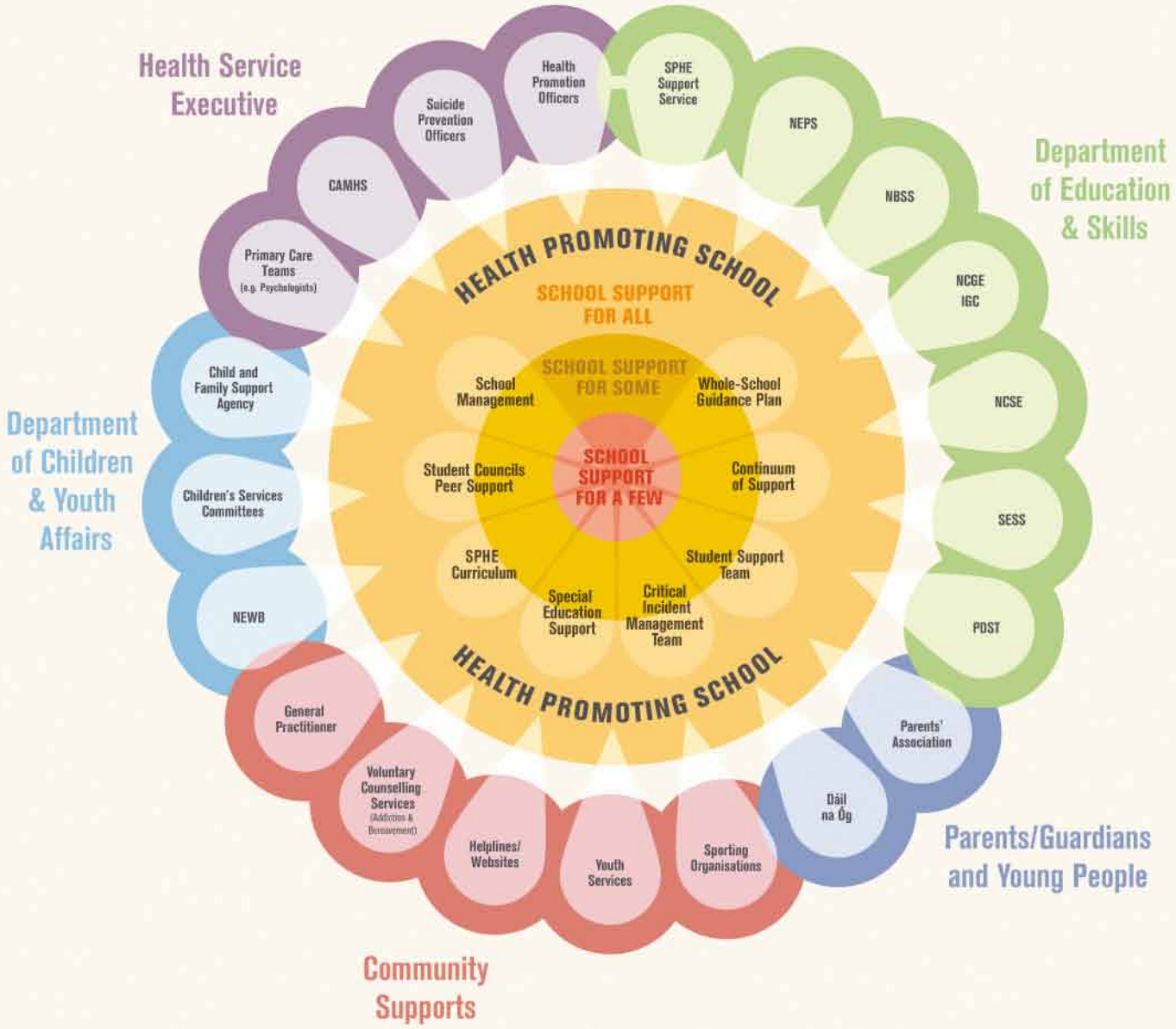
Resilience is the ability to cope with adverse circumstances. Protective factors enhance resilience and this has been found to be a stronger predictor of outcomes for students than environmental risk factors. This is particularly true for young people who are vulnerable or have few supports other than school. Protective factors have a stronger influence on young people's development than risk factors.

School is one of several settings inhabited by young people which serve as a protective context for healthy development. School can provide a rewarding external support system that will be a powerful force in minimising risks and protecting against the development of mental health difficulties. Building resilience in young people is a powerful protective factor. Schools are most successful in building resilience when interacting with other positive settings that are external to the school. Resilience building is most effectively achieved as part of the curriculum and ethos of the school rather than as directed activity (Cooper and Jacobs, 2011).

Figure 2 lists a number of protective factors in the school environment which will foster resilience in young people, thus protecting against the development of mental health difficulties.

Figure 3 on page 12 provides an overview of the school structures and external supports which set the context for mental health promotion and suicide prevention in post-primary schools. These structures and supports are described in the following chapters.

Figure 3: Addressing Mental Health in Post-Primary Schools: Key Structures, Supports and Services.



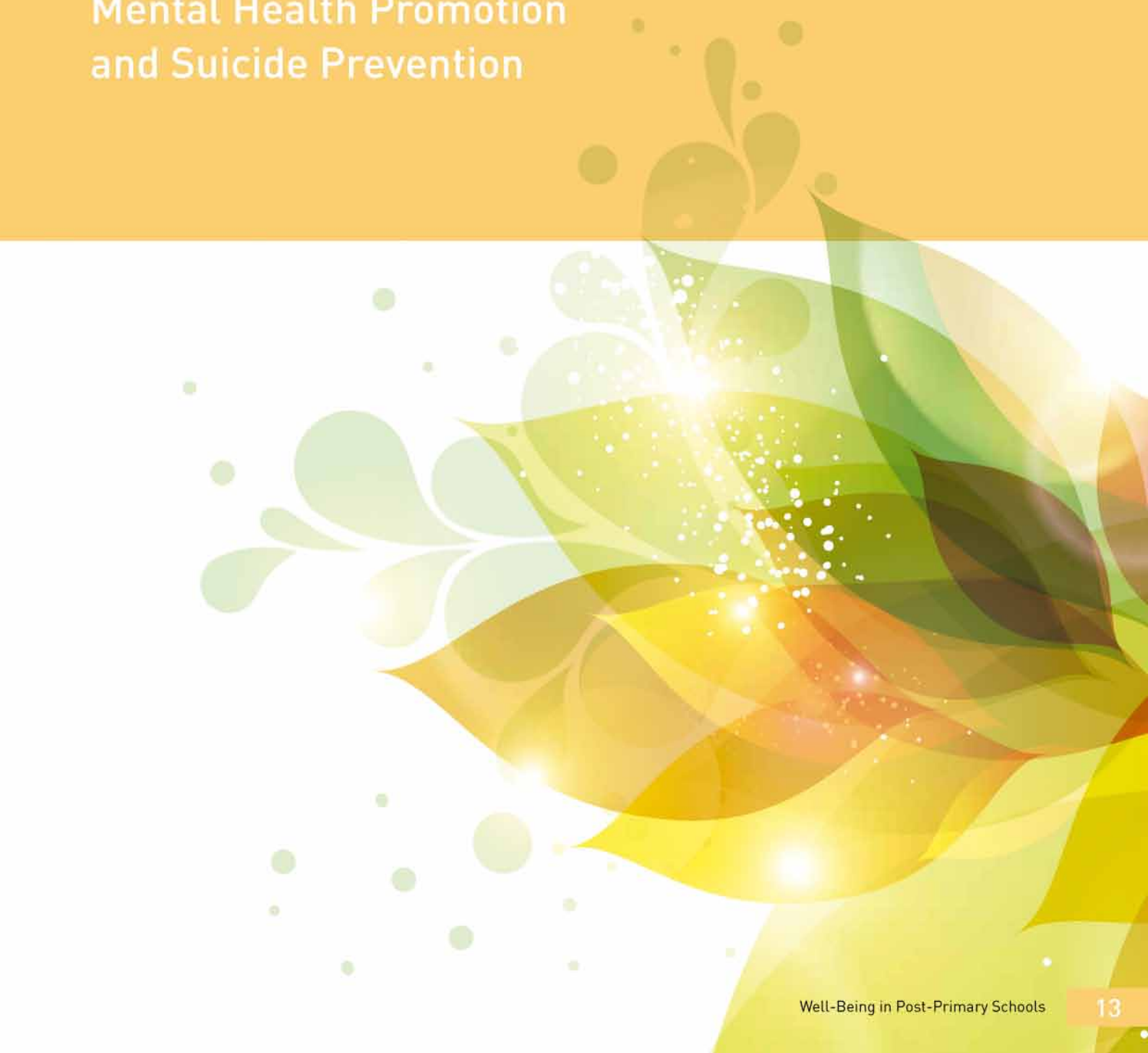
Key

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

SECTION 3

SCHOOL SUPPORT FOR ALL

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



Opportunities to promote the health and well-being of young people should permeate all aspects of school life. Making the best use of these opportunities requires support and commitment from boards of management together with strong leadership and direction from principals and senior management teams.

The Guidelines recommend that schools should adopt the NEPS three-tiered continuum of support model for the promotion of mental health. This continuum is based on the WHO model for school mental health promotion as illustrated in **Figure 4** (Wynn et al., 2000).

3.1 CONTINUUM OF SUPPORT

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

(i) School Support for ALL

(ii) School Support for Some

(iii) School Support for a Few

All students' needs exist along a continuum. Students' needs can be expressed as ranging from general to mild and/or transient, to complex and/or enduring. **Figure 5** provides a representation of the levels of the continuum encompassed within a whole-school approach.

Each of the three levels of the NEPS continuum of support is further described below.

(i) School Support for ALL

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

(ii) School Support for Some

School Support for Some is embedded in a whole-school approach and focuses on identifying the smaller number of young people who are at risk of developing unhealthy patterns of behaviour or who are already showing early signs of mental health difficulties. Additional supports from within the school should be put in place for these young people with the aim of preventing problems from becoming more severe, thus preventing cases of early school leaving.

(iii) School Support for a Few

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

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

All aspects of a young person's life, including their experiences and interactions in school, have an influence on their mental health and well-being. The importance of a caring school climate and ethos cannot be overstated.
In a supportive school environment, open communication is encouraged, difference is valued, and young people are enabled to develop their full potential. The mental and emotional health of young people are supported when they feel valued, respected and safe. Young people who have positive relationships with peers and adults are less likely to leave school early, which in itself, is a protective factor for a range of health risks. All school personnel should have high levels of awareness of the signals and messages young people send out when they are not coping. **Appendix 1** provides examples of these signals and messages.

Figure 4: The World Health Organisation (WHO) Model for School Mental Health Promotion (WHO, 1994, Adapted from Wynn et al., 2000)

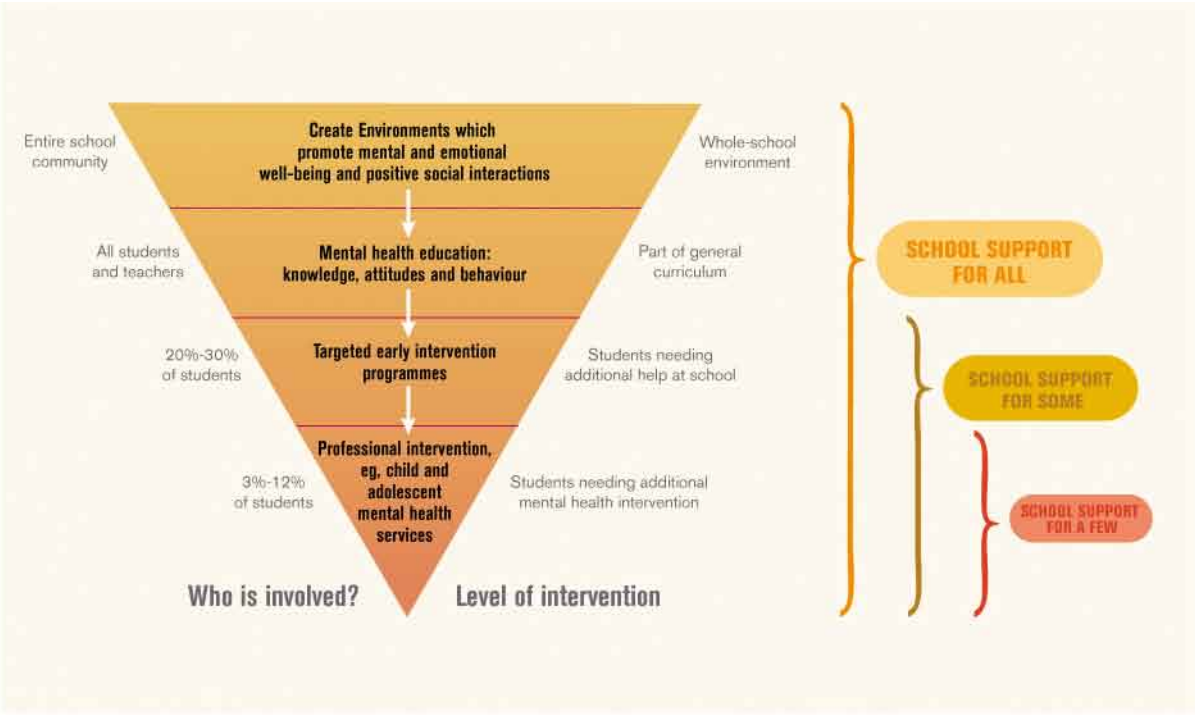
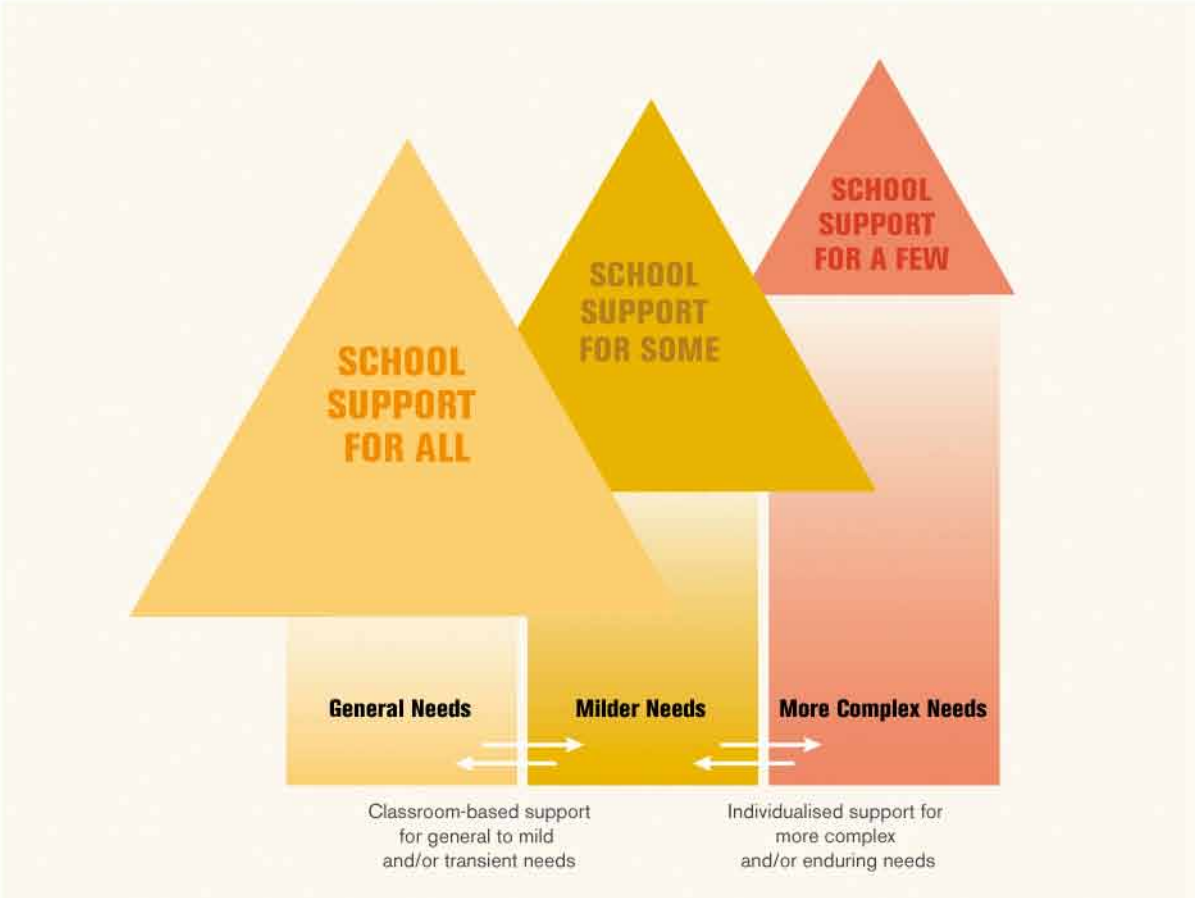


Figure 5: Continuum of Support Framework for Mental Health Promotion (adapted from NEPS, 2010a)



A whole-school approach means that policies and practices reflect the values of respect, fairness and inclusiveness. Polices are vital to establish the school's approach to mental health and well-being. These policies should be accessible, have a unifying purpose, a common set of values and be developed in partnership with teachers, parents/guardians and young people.

Essential components of a whole-school approach to mental health include the promotion of mental health awareness among staff and the development of a whole-school guidance plan. This involves student and staff participation and the development and implementation of relevant policies including an anti-bullying policy and code of behaviour incorporating positive behaviour management strategies.

The implementation of SPHE as a curricular subject combined with the development of a whole-school positive ethos play a key role in the development of emotional health and well-being in post-primary schools. The SPHE curriculum framework (NCCA, 2000) or any future NCCA curriculum provision for SPHE, should also be effectively and consistently implemented.

'The principles of fair play, respect, tolerance and reward for effort must permeate the whole-school climate, they cannot be compartmentalised into SPHE. Curricular provision of SPHE can contribute to and benefit from a supportive whole-school approach.'
(NCCA, 2000)

Physical Health is also closely aligned with mental and social health. The delivery of well organised physical education programmes in schools by suitably qualified personnel has potential to develop young people's resilience to cope with competitive and/or challenging situations. Encouraging young people to participate in extra-curricular sports, music, dance or drama also engages and motivates them to have positive attitudes towards themselves and others and, to grow in confidence.

3.2.1 | SCHOOL SELF-EVALUATION

The school self-evaluation process can help schools to develop an evidence-based whole-school approach to health by identifying what is working well, agreeing on where improvement is needed, and evaluating and reporting on outcomes.

The *School Self-Evaluation Guidelines* (Inspectorate, 2012) provide practical support to post-primary schools in gathering and analysing evidence, identifying needs, and setting targets. This self-evaluation process facilitates reflection of and on practice within the school community and places the process in the context of continuous school improvement. The development of improvement plans to support the mental health and well-being of young people is one area in which robust evidence-based self-evaluation can greatly assist schools.

The *Learning Environment Checklist* (NEPS, 2010b) and the *Mental Health Promotion Self-Evaluation Questionnaires* **(Appendix 2a and Appendix 2b)** are useful self-reflection tools to support staff, parents/guardians and students.

Information on school self-evaluation is available online at http://www.education.ie/

3.2.2 | THE HEALTH PROMOTING SCHOOL

The Health Promoting School (HPS) is a well developed concept in the education system, which began in Europe in the 1980s through the European Network of Health Promoting Schools, now referred to as *Schools for Health in Europe* (SHE). From the outset, the HPS concept was supported by both Health and Education Departments in Ireland.

A school may wish to adopt the health promoting school model to support a whole-school approach to mental health and well-being. A health promoting school is one which is 'constantly strengthening its capacity to be a healthy setting for living, learning and

working by focusing on all the conditions that affect health' *(WHO, 1998).* Health Promoting Schools are proactive in providing safe and developmental environments that support young people's physical, social, mental and cognitive development. A holistic and integrated approach is advocated, which supports the development of attitudes, aptitudes and behaviours that promote well-being.

The Health Promoting School aims to:

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

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

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

The HPS model is a process that develops and evolves in line with the ever-changing life of a school. It is a dynamic concept underpinned by reflective planning and a learning cycle that supports ongoing development and growth.

The Health Promoting School Model

There are four key areas for action in the Health Promoting School Model, as follows:

(i) Environment (Physical and Social)

(ii) Curriculum and Learning

(iii) Policy and Planning

(iv) Partnership (Family and Community Links)

(i) Environment (Physical and Social)

Each school has a distinctive atmosphere, which usually reflects the extent to which the school takes care of the social, emotional and physical needs of those who learn, work and visit. It is reflected not only in the physical environment, but also in the social environment.

(ii) Curriculum and Learning

The onus is on schools to provide a broad and balanced curriculum. Approaches to teaching and learning should take account of the diverse needs and learning styles of all young people.

A planned and coordinated SPHE/RSE programme will need to be implemented, while at the same time schools should recognise opportunities for mental health promotion across the formal and informal curriculum. Within this context, schools should reinforce the links between positive mental health and the other dimensions of health, in particular, physical health.

(iii) Policy and Planning

All aspects of the school planning process should incorporate a health and well-being dimension. The effective implementation of the whole-school guidance plan and specific policies eg code of behaviour, anti-bullying, substance use, RSE, child protection, critical incidents are key to mental health promotion and suicide prevention.

(iv) Partnerships (Family & Community Links)

Schools foster partnerships and links at a number of levels both within the school and with the wider school community. Fostering partnerships within the school facilitates staff to share responsibility for promoting positive mental health and well-being. Investing in partnerships with parents/guardians and family is also essential.

Additionally, schools should be proactive in identifying and building relationships with key statutory and voluntary agencies, so that key personnel know how to access services and who to contact, in the event of a crisis.

The four key areas for action in the Health Promoting School model are represented in **Figure 6**.

Figure 6: The Health Promoting School: Key Areas of Action

Figure 7: Stages of the Health Promoting Process

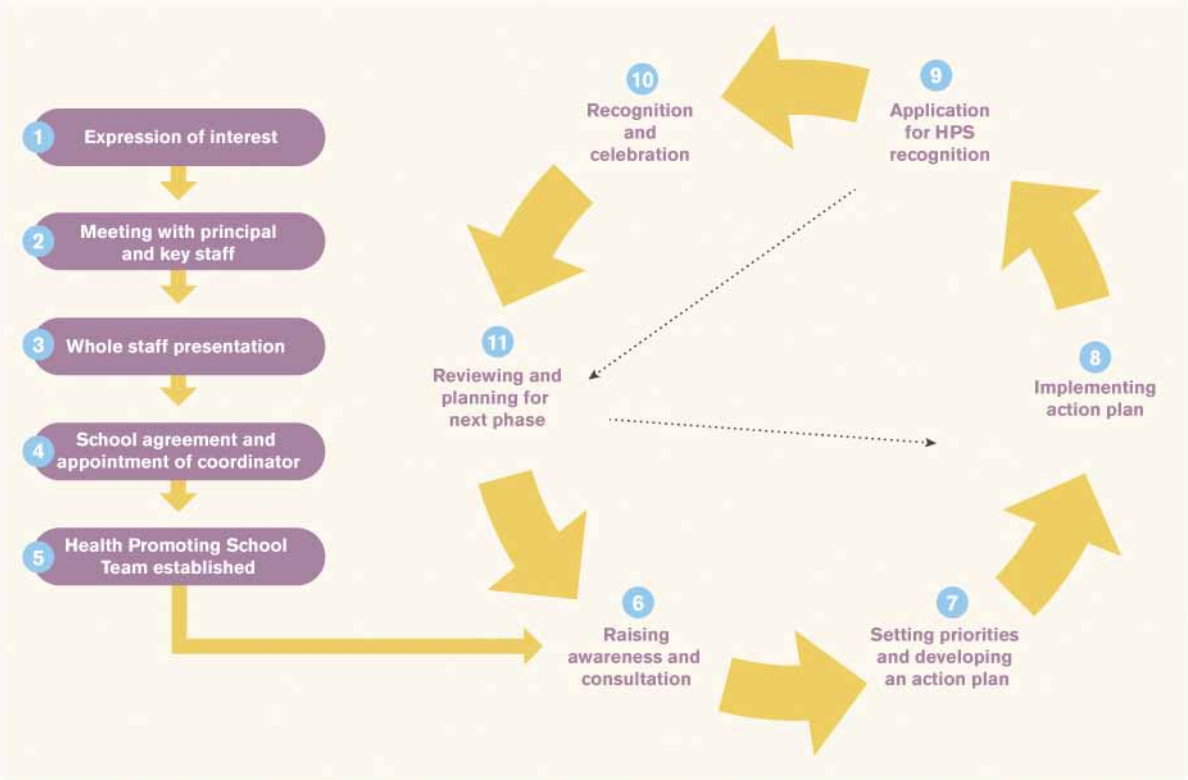


Figure 8: Description of the Stages of the Health Promoting School Process

Stages of the Health Promoting School (HPS) Process

The health promoting school process is a dynamic concept underpinned by a reflective planning and learning cycle that supports ongoing development and growth. The management and staff of a health promoting school commit to the process through whole-school implementation of the following steps:

Stage 1: Expression of interest

Schools may express an interest in becoming involved in the Health Promoting Schools process by contacting their local Health Service Executive (HSE) Health Promotion Office.

Stage 2: Meeting with principal and key staff

A local Health Promotion Officer (HPO) will arrange a meeting with the principal and other key staff. The purpose of this meeting is to outline the HPS process. The 'Health Promoting School Agreement Form' is discussed at the meeting so that the principal and staff can consider fully before deciding on involvement.

Stage 3: Whole-staff presentation

If the principal and staff support the idea of becoming involved in the HPS process a whole-staff presentation is delivered by the HPO to introduce and explain the initiative to the staff.

Stage 4: School agreement and appointment of coordinator

If the school decides to proceed with the HPS process, a coordinator (and/or assistant coordinator where possible) is nominated to facilitate the HPS process within the school. The HPS coordinator will be the key contact in the school for all health promotion activities and will receive ongoing support and training from the HSE Health Promotion Department.

Stage 5: Health promoting school team established

The coordinator will establish a HPS Team to support, plan and develop the initiative. Ideally the HPS team should be representative of the whole-school community including students (from each year), staff and parents. An important part of the HPS process is maintaining a written record of work completed. This is a record of the work outputs, achievements and processes involved.

Stage 6: Raising awareness and consultation

Raising awareness of the HPS within the school community is an essential element of the process. Awareness can be raised in many ways and is decided by the HPS team. Consulting with students, staff and parents is the most important way to raise awareness. The results of this consultation are summarised and fed back to the whole school community. This may be facilitated by the HPS team, with the assistance of the Student Council or Transition Year students.

Stage 7: Setting priorities and developing an action plan

The HPS Team will identify themes for action from the results of the consultation process. These themes will form the basis of a 'Health Promoting School Action Plan' which is implemented over an agreed timeframe.

Stage 8: Implementing action plan

The Action Plan is implemented over an agreed timeframe. Whole-school support is vital to its implementation, so maintaining communication within the school about intended and ongoing activities is crucial.

Stage 9: Application for HPS recognition

At the end of an agreed time frame, the HPS team completes an Application Form for recognition as a Health Promoting School and submits the form for review with their portfolio of work to the Health Promotion Office.

Stage 10: Recognition and celebration

Developing as a HPS is a continuous process and not a short-term project. It is important to acknowledge work done and, to highlight and celebrate goals achieved. If the Health Promotion Office agrees that the school has made sufficient progress in implementing the process, the HSE will formally recognise the school as a HPS. To acknowledge and recognise this achievement, a celebration event is organised.

Stage 11: Reviewing and planning for next phase

Becoming a Health Promoting School is a cyclical process that follows a pattern of 'review-plan-do'. Before beginning the next phase of development where the school progresses to a new theme, it is important that the HPS team reflects on the previous stages of the process. When the HPS team has done this they can begin planning for the new phase.

3.2.3 | SPHE AND RSE

While all aspects of school life have the potential to promote personal and social development, the full implementation of SPHE, and RSE provides a framework for educating young people about their health and well-being in a planned and structured way.

SPHE is most effective when taught within the context of a whole-school approach to promoting mental health and well-being. In this way, young people's learning in SPHE can resonate with positive messages delivered throughout the school. Effective implementation of SPHE also contributes to and supports the fostering of a positive whole-school environment.

The Child Protection Procedures (DES, 2011) strongly emphasise that schools have an obligation to implement SPHE and RSE.

A well taught SPHE programme reflects the inter-linked dimensions of health and provides young people with opportunities to discuss and learn about issues which relate to their everyday lives. SPHE (including RSE) provides young people with opportunities to explore issues such as relationships, belonging, communication skills, sexuality, self-management, influences and decisions, substance use, bullying, personal safety and physical health eg mental/emotional health.

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

A well taught SPHE programme can increase levels of emotional literacy among students. The teacher can facilitate and guide discussion, provide information, and teach key life skills such as listening, communicating, learning to be responsible for one's actions, and self reflection. Teachers should use active, experiential approaches and methods in order to involve young people as fully as possible.

School management is advised to develop a core team of SPHE teachers, who are supported in availing of continuing professional development (c/f Section 6). A teacher with a good level of training will feel more confident in addressing some of the complex issues that arise and this will help them to develop positive and supportive relationships with the students. A trained teacher will have the expertise to be able to integrate new resources and the occasional use of visiting speakers into a coherent programme.

The importance of an SPHE coordinator or co-ordinating team cannot be overstated. The role of the SPHE coordinator is to ensure that a planned programme is developed. This will mean that all modules/course elements are taught giving appropriate attention to focused learning outcomes in all lessons, and ensuring that overlap and duplication are avoided. A plan for RSE is also necessary to ensure its consistent implementation.

The guidance counsellor and student support team should be familiar with the SPHE and RSE plans. Equally, the SPHE/RSE teacher should be aware of referral procedures in the event that a student may require additional support. Schools can 'enable some of the curriculum elements of the planned guidance programme to be delivered through other teachers, such as SPHE staff.' (Circular 0009/2012). This may be relevant in relation to the development of study skills, which could, for example, be incorporated when teaching self-management skills.

The key factors necessary for successful implementation of SPHE include:

- proactive leadership from the board of management and across the school community
- a coordinator or coordinating team with experience of teaching the subject
- a core team of teachers of SPHE and RSE, who are committed to accessing continuing professional development
- liaison between the SPHE team, the

guidance counsellor, the student support team and subject teachers, particularly in relation to sensitive issues

- a regularly reviewed and well coordinated SPHE and RSE work plan
- focused learning outcomes for each lesson, which are shared with young people
- participative, active teaching and learning approaches and strategies
- planned assessment and self-evaluation practices including student feedback on the quality of the SPHE programme
- effective coordination and monitoring of visiting speakers **(Appendix 3a & 3b)**
- proactive linkages with parents/ guardians, families and the wider community

All curriculum-based activities relating to mental health promotion and suicide prevention should have the safety of young people as an underlying principle. Counselling, bereavement support, anti-bullying initiatives or social skills training should be delivered by personnel who have availed of professional development. Services delivered by external providers should be 'fit for purpose' and adhere to principles of best practice **(Appendix 3a & Appendix 3b).** The use of various resources by schools should be planned in an integrated way to support a comprehensive and holistic whole-school delivery of SPHE.

Difficult topics, such as suicide, may be raised informally in any classroom or school environment context. All members of staff need to be aware of how to respond. Such issues are, however, more likely to be raised during SPHE lessons. While teachers should not avoid these discussions, they should be aware of the need to keep such discussions within limits. If there are any concerns about a particular young person or group of young people, the concerns should be referred on to the appropriate personnel within the school. Additional advice in relation to issues related to suicide is available in *Section 5.*

Evidence shows that successful mental health initiatives should:

- **be well-designed and grounded in evidence-based theory and practice**
- **link the school, home and community**
- **address the school environment**
- **combine a consistency in behavioural change through connecting students, teachers, family and community**
- **foster respectful and supportive relationships among students, teachers and parents**
- **use active learning teaching approaches**
- **foster young people's opportunities to make connections with each other**

Adapted from IUHPE (2010)

(i) Use of Visiting Speakers

National and international research has consistently shown that the qualified classroom teacher is the best placed professional to work sensitively and consistently with students. A teacher can have a powerful impact on influencing students' attitudes, values and behaviour in all aspects of health education.

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

School staff may choose to avail of safeTALK and ASIST training on how to deal with issues raised in relation to suicide. Further information and guidelines on the use of visiting speakers are provided in Circular 0023/2010 **(Appendix 3a)** and in the additional advice on external agency support outlined in **Appendix 3b.**

3.2.4 THE WHOLE-SCHOOL GUIDANCE PLAN

The provision of guidance is a statutory requirement for schools. Each school should maximise the use of its available resources to 'ensure that young people have access to appropriate guidance to assist them in their educational and career choices' (Education Act, 1998: S9). The whole-school guidance plan should provide an overarching framework whereby student support structures, special education needs supports, and mental health promotion, are appropriately coordinated. It is recommended that the whole-school guidance plan should be developmental by design, include sequential activities, and be implemented in a collaborative way to best meet the needs of students (NCGE, 2004).

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

The whole-school guidance plan should include clear policies and procedures on the following:

- counselling role of the guidance counsellor
- counselling role of other appropriately qualified staff
- implementation of the NEPS continuum of support
- roles and responsibilities of related student support structures
- confidentiality and its limits
- the appropriate sharing of information
- internal and external referral processes
- disclosures within the context of child protection procedures (DES, 2011)
- critical incident plan
- coordination of the guidance programme, learning-support, SPHE, and other programmes, such as Transition Year (TY) , Leaving Cert Applied (LCA), Leaving Certificate Vocational Programme (LCVP), supplementary teaching and/or special needs assistant (SNA) support, as required.

(i) Student Support (Pastoral Care) Structures

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

For ease of reference, the Guidelines use the term 'student support structures' to describe existing support structures in schools. The term 'pastoral care' is also used frequently in some schools to describe these structures. Student support structures are activated through the work of 'student support teams' or 'care teams.'

A well-planned and effectively managed student support system can create an environment that is conducive to effective teaching, thus contributing to positive learning outcomes. The student support structure in a school describes the systems that relate to student welfare, early intervention and identification of difficulties, behaviour management, SPHE and RSE programmes, child protection procedures and a critical incident policy. An outline of the student support structures and how they operate should be included in the whole-school guidance plan. Roles and responsibilities should be carefully defined so that they foster a positive and supportive ethos in the school. Appropriate coordination between student support structures and the SPHE programme is necessary.

While student support structures may vary, it is advised that schools provide for the following:

- class captain/prefect, class tutor and year head roles
- student support team
- critical incident management team (NEPS, 2007b)
- student involvement, either through the student council, or through class tutor and/or year head structures which facilitate students to express their views and concerns
- parent involvement through parents' associations.

The student support team, sometimes referred to as **a care team,** is the core element of the pastoral support system in a school. While structures vary, there are other elements which are essential to their functioning, including membership, referral procedures and organisation of meetings. The issue of confidentiality is a key aspect of the student support team's work. Typically, guidance counsellors and those with responsibility for child protection, SPHE, special education and learning-support coordination are core members of the team, along with management representation.

Other staff members may be invited to participate at meetings, as appropriate. The student support team will also, at times, liaise with other personnel, such as the assigned NEPS psychologist and/or health service professionals.

The student support team has responsibility for:

- co-ordinating the support available in the school and monitoring its implementation and impact
- informing school personnel, parents/guardians and young people about how the system works
- explaining internal school referral systems to all staff
- supporting school staff themselves
- reminding and encouraging young people where to look for help
- ensuring new staff members are aware of the student support system
- making links with health services and children's services
- advising school management on the development and review of effective student support policies and structures
- establishing a relationship with regional and local services and maintaining an up to date contact list **(Appendix 4).**

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

In order for the student support team to fulfil its role, it is necessary that all members of the school community are vigilant with regard to the well-being of young people. Any concerns should be referred to the relevant member of the student support team. This is made easier when referral pathways are clear and easily accessed. These referral paths should be clearly established so as to support the boundaries within which the guidance counselling profession operates. Schools may use a variety of systems, such as verbal referral to a designated member of the student support team. Actions taken to address the concerns should be recorded and kept in a safe place.

(ii) Student Participation

Student participation in its broadest sense involves young people being actively involved in making decisions on issues that affect their lives. This should include the use of active learning methods in classrooms, such as cooperative learning (CL) to support young people in developing interpersonal relationships and in acquiring adaptive behaviour and social skills to cope with the demands of learning and school life.

Encouraging young people to participate fully

in the life of the school promotes confidence, a sense of belonging and connectedness, resilience, and positive mental health. This may be achieved through the active and meaningful participation of young people in student councils, health promoting school teams and through linkages with external agencies, such as Comhairle na nÓg, local youth councils, and other extra-curricular activities. Young people will gain in maturity and confidence through involvement in peer mentoring, buddy systems, anti-bullying strategies and transition programmes. Involvement in peer mentoring and buddy systems can help young people adjust and cope with the learning challenges of school life. Peer tutors can provide assistance by modelling and explaining, by demonstrating how to give specific and constructive feedback, and in supporting students to work independently. Furthermore, student participation in school self-evaluation and policy development will ensure greater ownership, commitment and shared responsibility for policy implementation.

(iii) Child Protection

Schools are required to provide safe, secure and comfortable environments that enable young people to share their concerns. Child protection is every teacher's concern. The *Child Protection Procedures for Primary and Post-Primary Schools* (DES, 2011) will inform the development of the school policy on child protection. Schools must appoint a designated liaison person and a deputy designated liaison person to ensure the effective implementation of the child protection policy and protocols.

(iv) Confidentiality

Confidentiality is about managing sensitive information in a manner that is professional, respectful and purposeful.

A person who discloses or receives information needs to be aware of the limits of confidentiality and the responsibilities attached. Good staff-student relationships are based upon trust so this will need to be explained to and understood by young people, staff and parents.

The whole-school guidance plan should include protocols about how information is shared appropriately and should ensure that staff members are fully briefed in operating strict codes of confidentiality.

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

(a) Confidentiality cannot be guaranteed if a young person discloses information about being at risk of harming themselves or others or if there are child protection concerns. If a young person discloses such information, the staff member should explain that this information cannot be kept secret. An explanation should be provided about what will happen to the disclosed information and what the outcome of reporting is likely to be. This should also always be explained to the parents/guardians, unless to do so would endanger the young person. Collaboration with other agencies may be needed.

(b) School staff members may be aware of personal information about young people that is not related to child protection. It may be necessary for other staff members to be given information about the young people with whom they work, as it may impact on their school progress. It is important that schools find a balance between keeping other teachers informed and unnecessarily disclosing personal information. The principle of "on a need to know basis" is a good one on which to base decisions about sharing sensitive and confidential information.

(c) If information of a confidential nature is passed on to a third party that is deemed

to be crucial to a young person's well-being, it should be done in accordance with school policy and procedures. Information, which is gathered for one purpose, should not be used for any other purpose without consulting the person who provided that information. Respecting the wishes of the young person and his/her family is paramount.

(v) Critical Incident Policy and Plan

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

The Critical Incident Guidelines for Schools set out three levels of action:

(i) prevention of critical incidents through promoting mental health and well-being

(ii) preparing a plan on how to deal with an incident

(iii) intervention when an incident occurs

In order to implement the critical incident policy and plan, the school should establish a critical incident management team (CIMT), which is activated, as required. This team includes members of the school staff with a range of experience and responsibility across the school community. The guidance counsellor, chaplain, home school community liaison coordinator, SPHE coordinator, subject teachers and other members of the student support team, will have an important contribution to make. The principal will play a key leadership role. NEPS provides support for schools in dealing with critical incidents, when requested.

(vi) Counselling

Schools need to maximise the use of their available resources for the provision of guidance and should seek to ensure that the guidance counsellor has time allocated for individual counselling with students experiencing difficulties or in crisis. It is essential that the professional boundaries of the role of the guidance counsellor in the provision of counselling are respected. It is also essential that the person assigned as guidance counsellor is a qualified second-level teacher and, in addition, holds the relevant recognised qualification for school guidance work (NCGE 2011; DES Circular, 0009/2012).The professional boundaries of the role of the guidance counsellor in the provision of counselling are reiterated in the DES response (2012a) to the research on the practice of counselling by guidance counsellors (NCGE, 2011).

The focus of counselling in schools has, as its objective, the empowerment of young people so that they can make decisions, solve problems, address behavioural issues, develop coping strategies, enhance self-esteem, identify and process feelings, and resolve difficulties they may be experiencing. Counselling may include personal counselling, educational counselling, career counselling or a combination of all. In cases where a young person may require personal counselling over a protracted time, he/she should be referred to the appropriate and relevant external agencies.

(vii) Record-Keeping

Schools should formulate procedures on record-keeping in line with the Data Protection Acts (1998, 2003). Schools are reminded that there are limits to confidentiality of records and that all records may be subject to disclosure.

3.2.5 SUPPORTING AND SUSTAINING FAMILY RELATIONSHIPS

The mental health and well-being of a young person is enhanced when the young person's school and his/her parents/guardians are working together. Families play a central role in developing resilience in their children. The family is the primary influence on a young person's life and young people identify their family as a critical part of their support network.

In addition to supporting their own child, parents/guardians should be encouraged to become involved in the life of the school through school self-evaluation activities, policy development work, parents' associations and extra-curricular activities. In situations where there are concerns about the mental health and well-being of a young person, parents/guardians need to be actively involved on an ongoing basis. A mental health promotion self-evaluation questionnaire for both parents and young people is provided in **Appendix 2a** and **Appendix 2b.**

3.2.6 SUPPORT FOR SCHOOL STAFF

Positive and healthy relationships at all levels are of fundamental importance in the school community. Schools are encouraged to provide a safe and supportive environment for staff members. It is crucial that staff members are supported in maintaining personal health and well-being. A school staff would benefit from reflecting on their own well-being and on their attitudes towards mental health. Accessing relevant professional development can be instrumental in updating a staff's mental health knowledge and understanding about all available supports. **Section 6** provides additional information on supports available.

An individual teacher requiring additional support at a particular time may access the Employee Assistance Service (EAS). The EAS provides teachers and their immediate family members with easy access to confidential counselling for personal and/or work-related issues, either by telephone or face to face engagement.

Further information can be accessed at www.carecall.ie or Tel. 1800 411 057.

3.3 CASE STUDY: SCHOOL SUPPORT FOR ALL: A WHOLE-SCHOOL APPROACH TO MENTAL HEALTH

The case study on the following pages refers to a school which has adopted the HPS approach to health promotion.

CASE STUDY

School Support for ALL: A Whole-School Approach to Mental Health

St Colum's Community School is a co-educational rural school with a student population of 750 and a 60 member teaching staff. A death by suicide of a student in a neighbouring school had a profound effect on the school and the wider community. This heightened the awareness of the senior management team and prompted them to initiate a self-evaluation review of its systems, structures and processes.

The school management team used the Mental Health Promotion School Self-evaluation Questionnaires (Appendix 2a and 2b) and elements of the NEPS Learning Environment Checklist (NEPS 2010b) in its review. The information gathered was carefully analysed and the following actions were initiated:

- Contact was made with the assigned NEPS psychologist who provided support in reviewing the whole-school guidance plan with specific reference to the critical incident management plan (CIMP). The student support team reviewed the school's practice in identifying young people at risk. The NEPS continuum of support provided a framework for this work.
- The SPHE support service was invited to provide an input on mental health to staff and to support the SPHE team in reviewing SPHE provision. The school decided to introduce a senior cycle SPHE programme and availed of help with planning and use of resources.
- The school was also introduced to the Health Promoting School process (HSE). The following year it was decided to adopt the process with the support of the health promoting officer. The process involved an extensive process of planning and review which resulted in the establishment of a health promoting school team (HPST). The team included the principal, SPHE teacher, guidance counsellor, two student council representatives and two parent representatives. The committee completed a needs assessment with the student body, staff and parents. This involved the SPHE regional managers, a NEPS psychologist and the school's health promotion officer.
- During the first two years of the initiative, the following actions were taken:

1. Environment (Physical and Social)

All students were involved in designing a homework diary, which raised awareness about the support systems available within the school. Subject teachers promoted the existence of the whole-school support system. An art competition was organised to select and display posters on the theme. Health and well-being notice boards were erected in the main hall and staff room, which included health information and details of external support services for teachers and young people. The Transition Year students organised and raised funds to develop the school garden and improve the presentation of the school entrance.

In year one all staff members attended a seminar on promoting positive mental health and well-being, delivered by the SPHE support service. In year two, the staff accessed training in safeTALK (suicide awareness training) and a number of staff members completed the ASIST programme. A peer mentoring programme was also established, whereby senior students provided support for first year students.

2. Curriculum and Learning

A particular focus was placed on ensuring that the SPHE curriculum was timetabled appropriately and implemented across all year groups. The core team of SPHE teachers was facilitated to attend ongoing continuing professional development. The school reviewed its anti-bullying programme with assistance from the SPHE anti-bullying coordinator. This involved the identification of additional classroom resources on bullying and the promotion of a 'telling' culture.

3. Policy and Planning

The anti-bullying policy was reviewed with the support of the health promoting school team. The student council representatives participated in the review. The agreed revised version was posted prominently throughout the school.

4. Partnership (Family and Community Links)

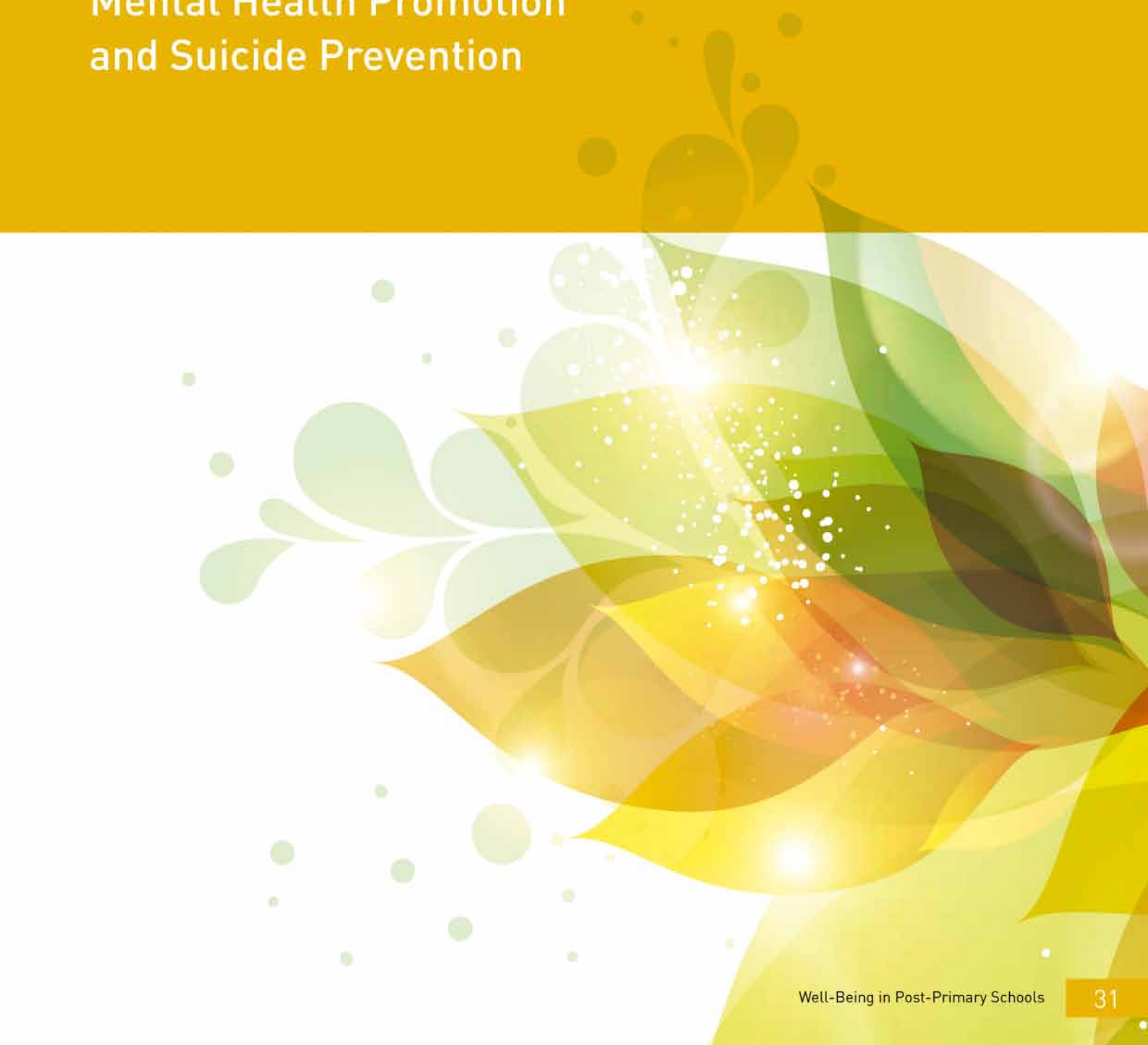
In year one, parents were given information on mental health and how the school could provide a safe and caring environment for students. In year two, a session on bullying awareness was organised for parents/guardians, which highlighted the supports available within the school and from external agencies.

The health promoting school team conducted an annual review of progress and developed revised plans for the subsequent year. Some of the recommendations from the review in year two included plans to develop a buddy system between transition year students and first years. In addition, student feedback on the school awards event was sought and a 'chill out' area was organised in the school.

SECTION 4

SCHOOL SUPPORT FOR SOME

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



4.1 SCHOOL SUPPORT FOR SOME

School Support for Some builds on the whole-school approach outlined in **School Support for ALL** in Section 3. It specifically focuses on the early identification of a small number of young people or groups who are at risk of developing unhealthy patterns of behaviour or who are already showing early signs of mental health difficulties. It takes account of young people presenting with mild emotional and/or behavioural problems and identifies a range of responses, which can be implemented in the school. Some young people may require additional support with issues related to bereavement, bullying, change in family circumstances, discrimination, sexuality or substance use. Such specific support is dealt with in **Section 5.**

Over the course of the academic year, school-based multi-disciplinary meetings should be convened by a member of staff assigned by the principal. These meetings should include the principal, student support team and NEPS psychologist. Schools may choose to invite a representative from the local health services.

The purpose of these school-based multi-disciplinary meetings should be to discuss general mental health issues, to report on the progress of young people at risk and particularly to review the school's procedures and processes in responding to individual students' needs. This provides an opportunity for the student support team to identify problems, which may need to be highlighted and/or addressed by NEPS and/or the health services. These meetings will also facilitate the development of good inter-agency working relationships in the best interests of young people with mental health concerns. Confidentiality protocols should be agreed at the outset and adhered to throughout this process.

School Support for Some involves:

(i) identifying concerns and gathering information

(ii) planning and intervention

(iii) monitoring and review

4.1.1 IDENTIFYING CONCERNS AND GATHERING INFORMATION

If a young person has known and documented health needs, the concerns are likely to have been identified before the young person enrolled in the school. For young people with emerging needs, the concerns may be identified through the NEPS continuum whole-school screening and monitoring system. The Behaviour Screening Framework will also be a useful tool for information gathering (NEPS 2010b). Alternatively, a staff member may notice emotional or behavioural changes in a young person. The appropriate course of action should be agreed by the student support team, with the guidance counsellor typically playing a key role, due to his/her specialist training and expertise.

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

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

An information-gathering checklist and advice on its use, is available in the continuum of support (NEPS, 2010b). This may be useful in ensuring that comprehensive information has been gathered at this stage of the process. This information-gathering exercise should be carried out by relevant staff member(s), such as a subject teacher or year head.

Through the process of information gathering, key school personnel should become clearer about the nature and seriousness of the concern in question. This information gathering process should help the school to identify whether or not it is in a position to address the concern internally ie **School Support for Some**

or whether the young person requires referral to an external service ie **School Support for a Few.** This is discussed in further detail in the next section of these Guidelines.

4.1.2 PLANNING AND INTERVENTION

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

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

- support for staff in working with young people at risk
- one-to-one counselling for the young person
- careful monitoring by class teachers/ tutors
- participation of the young person in a small support group set up to address specific issues, such as bereavement, bullying, substance use, stress management
- participation in relevant interventions eg anger management, social skills training
- engagement with relevant support services eg community projects, youth services, community Gardaí, juvenile liaison officers, health services
- promotion of out-of-school activities for the young person eg drama, sport, public-speaking
- specific support programmes for parents/guardians of the young person(s)

It is important that the interventions selected meet the needs of the young person or group and, where appropriate, have research evidence to support their efficacy. A clear system of record-keeping should be maintained to regularly review the impact of the intervention by the coordinator of the student support team.

4.1.3 MONITORING AND REVIEW

As the chosen intervention is being implemented, there is a need for ongoing monitoring and review. The guidance counsellor has a key role to play and should liaise with other relevant staff eg student support team, class tutor, year head, subject teachers etc in order to monitor and review the effectiveness of the intervention. It is also necessary to document the outcomes arising from the monitoring and review process. The review should indicate whether or not the current intervention and level of support provided for the young person are appropriate or whether changes are needed. Additionally, the review may highlight the need for a young person to be referred to a relevant external service.

4.2 CASE STUDY: SCHOOL SUPPORT FOR SOME

The following case study illustrates an example of School Support for Some.

In providing School Support for Some, schools may wish to access and adapt the following templates from the *Continuum of Support for Post-Primary Schools Resource Pack for Teachers* (NEPS, 2011b)

- *Gathering Information Checklist* – pp 32 – 36
- *My Thoughts about School Checklist* – p. 31
- *School Support Individual Plan* – p. 51
- *Student Support Team (Care Team) Meeting Record* – p. 52
- *Student Support Team Action Plan* – p. 53

CASE STUDY

School Support for SOME

Conor is a 15 year old Junior Certificate student. Teachers noticed that his grades had been dropping and his homework was poorly completed. This was brought to the attention of his class tutor who spoke with Conor and established that things were not going well for him in school. He said that he could not concentrate, was worried about his exams, and afraid that he would not have time to get enough work done to do well in the Junior Certificate examination. He was also worried about letting his parents down. Conor said that he had stopped playing football and had not been seeing much of his friends. He described himself as being 'in a rut.'

The class tutor re-assured Conor that young people often feel under stress coming up to exams, and that there was still time to do something about it. The class tutor and Conor agreed on a plan which guided the following actions:

- The guidance counsellor provided Conor with a place in a study skills group, which would involve helping him draw up a study plan.
- The class tutor informed Conor's subject teachers and asked them to provide encouragement and individual support for Conor, as required.
- Conor told his parents that he was worried about his exams and about letting them down.
- The class tutor and guidance counsellor discussed the possibility of arranging a meeting with Conor's parents, should this be deemed necessary.
- Conor returned to playing football, as this was an activity that he really enjoyed and it helped him to de-stress.
- Conor re-connected with his friends and talked with his best friend and siblings.
- The class tutor continued to check in with Conor on a weekly basis, for as long as was necessary.

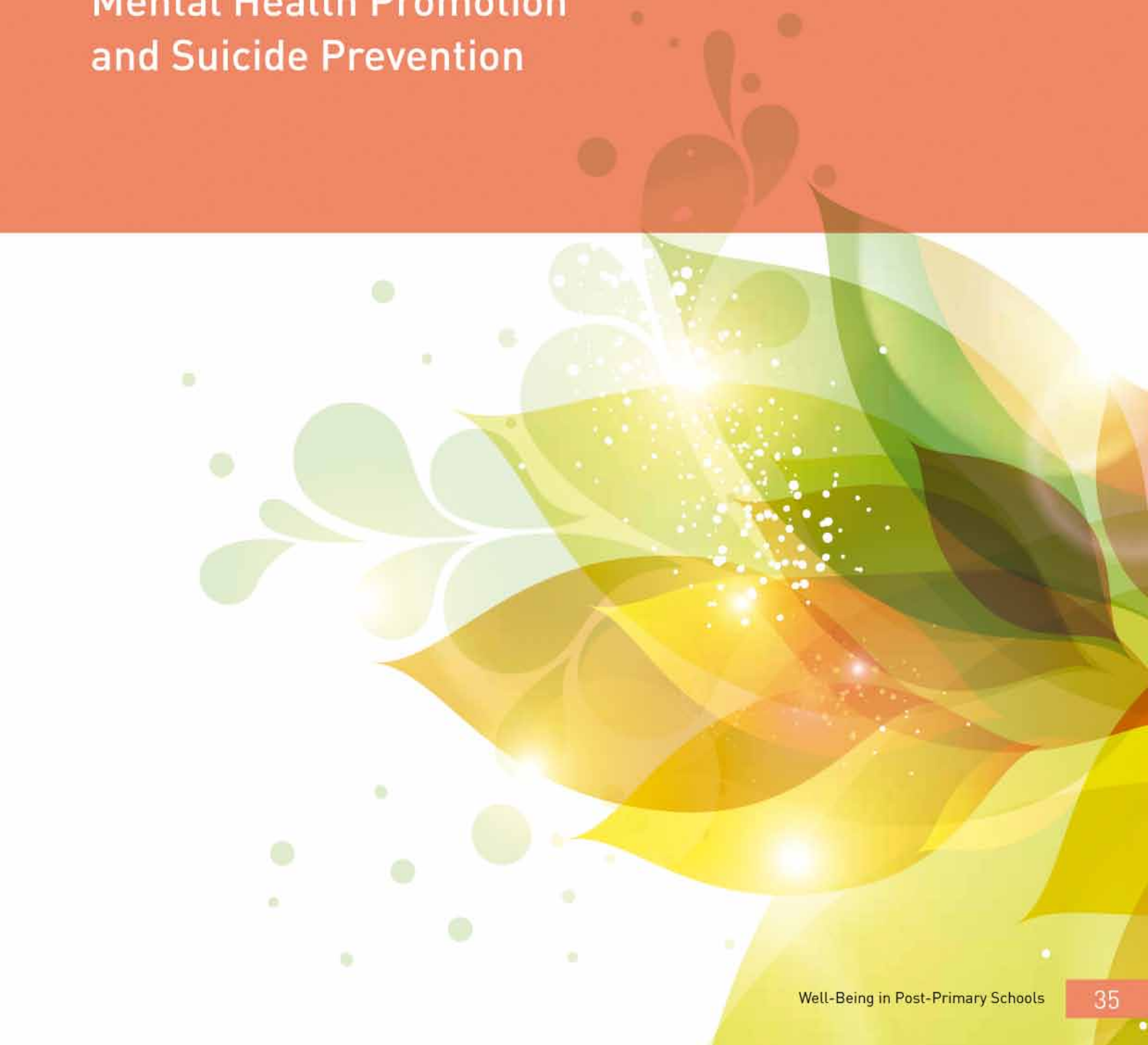
Review:

- Conor continued to meet with the guidance counsellor and engaged well.
- The guidance counsellor encouraged Conor to use time management techniques to help him participate in physical activities and to resume studying. Conor's weekly timetable for home and school was discussed and monitored at the weekly meetings with the class tutor.
- Conor found that returning to sporting activities had helped him to de-stress.
- Conor's parents were supportive when he told them about his difficulties, and they subsequently discussed his weekly timetable with him.
- The class tutor decided that the meeting with Conor's parents was not deemed necessary.
- The class tutor continued to monitor the situation.

SECTION 5

SCHOOL SUPPORT FOR A FEW

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



5.1 SCHOOL SUPPORT FOR A FEW

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

Appendix 5 provides a template which may be helpful to schools when devising an action plan for a young person with complex and ongoing needs. It provides a suggested framework for engaging with external agencies and organising a collaborative approach to intervention.

Young people requiring intensive support may have already come to the school's attention and availed of interventions at the **School Support for Some** stage. This may have been insufficient to meet the particular needs of these young people. There may be some young people with particularly complex needs who require the involvement of external professionals or support services to complement the work of the school.

The needs of young people at the **School Support for a Few** stage may be identified within the school system by school staff, peers or parents/guardians. It is important, therefore, to reiterate the important role that schools play in creating and fostering a health promoting supportive environment **(School Support for ALL),** within which parents/guardians feel comfortable to bring concerns about their child to the attention of the school. Parents/guardians should be involved from the very outset and at every stage of the process.

Parental consent is required for any external intervention accessed by the school for a young person. Once again, the issue of confidentiality must be dealt with appropriately.

5.1.1 REFERRING A YOUNG PERSON WITH MENTAL HEALTH CONCERNS

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

(i) Where a school has existing referral protocols which enable them to access and refer directly to an external service, then the school should follow its own guidelines. Generally, it is the role of the guidance counsellor, in consultation with the principal, to make the appropriate referral. Parental/guardian consent will always form part of the protocol. As the availability and accessibility of services vary across the country, schools should identify the services available in their area and and develop referral protocols with them.

(ii) In the event of a school not having existing protocols for referral to services, the school may, with the consent and collaboration of parents/guardians, refer the young person to the local general practitioner (GP), who is best placed to make an initial assessment and advise on appropriate referral pathways for the young person concerned.

It is essential that schools develop relationships with local agencies and have names and contact details readily available. The contact list template provided in **Appendix 4** will be useful for this purpose.

5.1.2 GENERAL PRACTITIONER (GP)

The first point of professional contact for a young person with mental health difficulties and their family is usually the local general practitioner, who may be a member of a primary care team. A GP will listen to concerns and offer information, support and advice. The GP will facilitate onward referral to other services, when appropriate. For young people with mental health difficulties, the referral will likely be made to the local HSE Primary Care Psychology Service, or the Child and Adolescent Mental Health Services (CAMHS).

Schools should contact their local HSE Primary Care Psychology Service and CAMHS team to ascertain what the referral process is, as this differs from HSE region to region.

5.1.3 HSE PRIMARY CARE TEAMS

Primary care services refer to all of the health and/or social care services that may be accessed in the community, outside of the hospital setting. Primary Care includes GPs, public health nurses and a range of other services provided locally.

A Primary Care Team (PCT) is a team of health professionals who work closely together to meet the needs of the people living in the community, including young people with mental health difficulties and their families. The primary care team provides a single point of contact to the health system.

The professionals working on a primary care team may include:

- GP and practice nurse
- public health nurse
- occupational therapist
- physiotherapist

The primary care team members also link with the following community-based disciplines and services:

- psychology
- speech and language therapy
- counselling
- social work
- mental health services
- addiction services
- community nutrition and dietetics service

Psychologists working on primary care teams or networks have a key role in supporting young people who may have mild to moderate mental health difficulties such as general anxiety, stress and trauma, or low self-esteem. The role of the primary care psychologist includes assessment of the presenting concerns and the provision of group or individual intervention, if deemed appropriate.

5.1.4 CHILD AND ADOLESCENT MENTAL HEALTH SERVICES (CAMHS)

The primary role of CAMHS is to address the mental health needs of young people and provide a specialist secondary level community-based service. CAMHS is comprised of professionals from a range of disciplines (psychology, psychiatry, speech and language therapy, social work, occupational therapy, nursing, child care). Young people who are referred are offered a care and treatment package linked to their individual needs.

The CAMHS team provides:

- a comprehensive, diagnostic and multidisciplinary assessment service
- assessment of urgent, priority and routine referrals from primary care services
- assessment of young people who require referral to in-patient or day service

- treatment of more severe and complex mental health problems
- an outreach service to identify severe or complex mental health needs, especially where families may be reluctant to engage with mental health services
- training and consultation for other relevant groups of professionals and services to support them in their work on a needs basis eg young people in care or at risk of exclusion from school
- networking opportunities with other agencies/services, professionals and schools in relation to individual cases in schools.

CAMHS is not an emergency service. The HSE consultant child psychiatrists, along with the senior registrar and registrar in psychiatry, provide emergency on call cover to the Emergency Departments.

5.1.5 SUPPORTING A YOUNG PERSON'S RETURN TO SCHOOL

There is clear evidence that it is in the best interests of young people who have been diagnosed with mental health difficulties to continue in full-time education, when deemed appropriate. Careful consideration needs to be given by school management to planning for re-integration where a young person has been absent from school for a period of time.

There is need to:

- acknowledge the young person's difficulties and provide reassurance that relevant supports will be organised by the principal, guidance counsellor and/or relevant staff
- discuss and agree on issues related to confidentiality and privacy with the young person and parents/guardians
- consider carefully the information provided to the professionals involved with the young person and/or other young people
- assign a supportive, approachable, and sensitive staff member who has a positive rapport with the young person. In most cases, it is likely that the guidance counsellor will be allocated this role.
- ensure that the assigned staff member is supported in carrying out this role
- agree on an appropriate communication system between parents/guardians, supporting teacher/guidance counsellor, and the external clinician and/or NEPS psychologist. It is essential that parents/guardians know the relevant school contact point. Parents also need assurance that they will be contacted, should issues of concern arise.
- take account of the young person's ability to participate in general school activities and routines and to sensitively and flexibly accommodate their needs
- show that there are expectations and aspirations for the young person so as to motivate them to remain in school and to achieve
- consider carefully how information is communicated to peers and ensure that appropriate peer support is in place
- ensure relevant staff understand that a young person needs to be seen as normal and not defined by their mental health diagnosis.

5.1.6 SUPPORTING A YOUNG PERSON WHO IS AT RISK OF SUICIDAL BEHAVIOUR

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

The following approach is recommended:

- Trusted staff members should ask questions in a sensitive and appropriate manner to allow the young person an opportunity to talk about his/her feelings and thoughts. It may be appropriate to ask the young person if they have considered suicide. Adopting a direct approach may help the young person to feel that his/her cry for help has been heard.
- If the young person affirms that they have been thinking about self-harm or suicide, this should be explored by a member of staff who has availed of appropriate professional development eg guidance counsellor or person who has completed the ASIST programme.
- In the case of a concern about suicidal ideation or self-harm, an emergency referral to the young person's GP may be necessary.
- Parents/guardians should be contacted immediately in all cases
- Schools are advised to consult *'Exploring Suicide Risk in Responding to Critical Incidents: Resource Materials'* (NEPS: R17, 2007b) to guide interventions and necessary actions, should a concern arise.
- Schools may also consult with the NEPS psychologist and the HSE suicide prevention officer, if there are general concerns about suicide within the school setting.

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

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

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

Evidence exists, which strongly suggests that appropriate interventions and responses in the aftermath of a suicide play a critical role in limiting the suicide contagion effect.

The suicide contagion effect occurs when one person's suicide increases the likelihood of another's. *(Higgins & Range, 1996)*

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

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

In organising interventions, leaders in schools, and in particular the guidance counsellor, should not be afraid of intervening in a supportive and open way. Systematic crisis intervention for exposed peers should be provided to guide physical and emotional recovery. Therefore, effective crisis intervention is recommended to prevent suicide contagion in schools.

Research shows that psychological help, known as psychological first aid, is effective in schools that have experienced a traumatic event (HSE 2011). This approach includes the provision of information on common responses associated with traumatic events, and the promotion of active listening. It also involves

giving information on available supports and resources.

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

In order to respond appropriately, as outlined in **School Support for ALL,** it is vital that schools have a critical incident policy and plan in place (NEPS, 2007a). This will determine in an orderly and calm fashion the steps the school will take in the event of a suicide or other critical incident. NEPS psychologists, Primary Care psychologists and/or CAMHS staff will support schools when requested.

5.1.8 HOW TO RESPOND TO CONVERSATIONS ABOUT SUICIDE

If a reference is made to suicide during discussions with young people, the following advice adapted from MindOut (2002) should be observed:

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

5.2 CASE STUDY: SCHOOL SUPPORT FOR A FEW

The following case study illustrates an example of School Support for a Few.

In providing School Support for a Few, schools may wish to access and adapt the following templates from the *Continuum of Support for Post Primary Schools Resource Pack for Teachers* (NEPS, 2010b):

School Support Individual Plan – p. 51

Parental Consent – p. 28

Student Support Team (Care Team) Meeting Record – p. 52

Student Support Team Action Plan – p. 53

CASE STUDY

School Support for A Few

Susan's brother died by suicide. Susan and her family were coming to terms with the traumatic loss. The guidance counsellor consulted with the NEPS psychologist about how best to support Susan on her return to school after the bereavement. The guidance counsellor had been meeting with Susan weekly to offer her support since her brother's death, and also had regular contact with her parents. Susan talked about feeling very low at times and disclosed that she had thoughts of suicide. The PE teacher reported concerns about self-harming behaviour to the guidance counsellor. Susan was working through her difficulties but finding it hard to cope in school.

The student support team developed a school management plan. The plan guided the following actions:

- The guidance counsellor informed the principal of her concerns. A meeting was arranged with Susan's parents, who were advised to seek a Child and Adolescent Mental Health Services referral with the support of their GP.
- The guidance counsellor continued to offer Susan weekly sessions to focus on how she was coping. The guidance counsellor consulted with the NEPS psychologist in relation to the management of Susan's urge to self-harm while in school. Together the guidance counsellor and Susan identified strategies for coping which formed part of the support plan agreed between them.
- Susan agreed that her teachers should be made aware of her difficulties. All staff members involved with Susan were requested to report any issues of concern to the guidance counsellor.
- In order to ensure a joined-up approach to supporting Susan through this difficult time, the guidance counsellor liaised regularly with CAMHS.
- The student support team recommended to the principal the need for training in the area of self-harm. This request was made to the HSE and information was provided on the HSE Self-Harm Awareness and ASIST training. Arrangements were made for designated teachers to attend local courses.

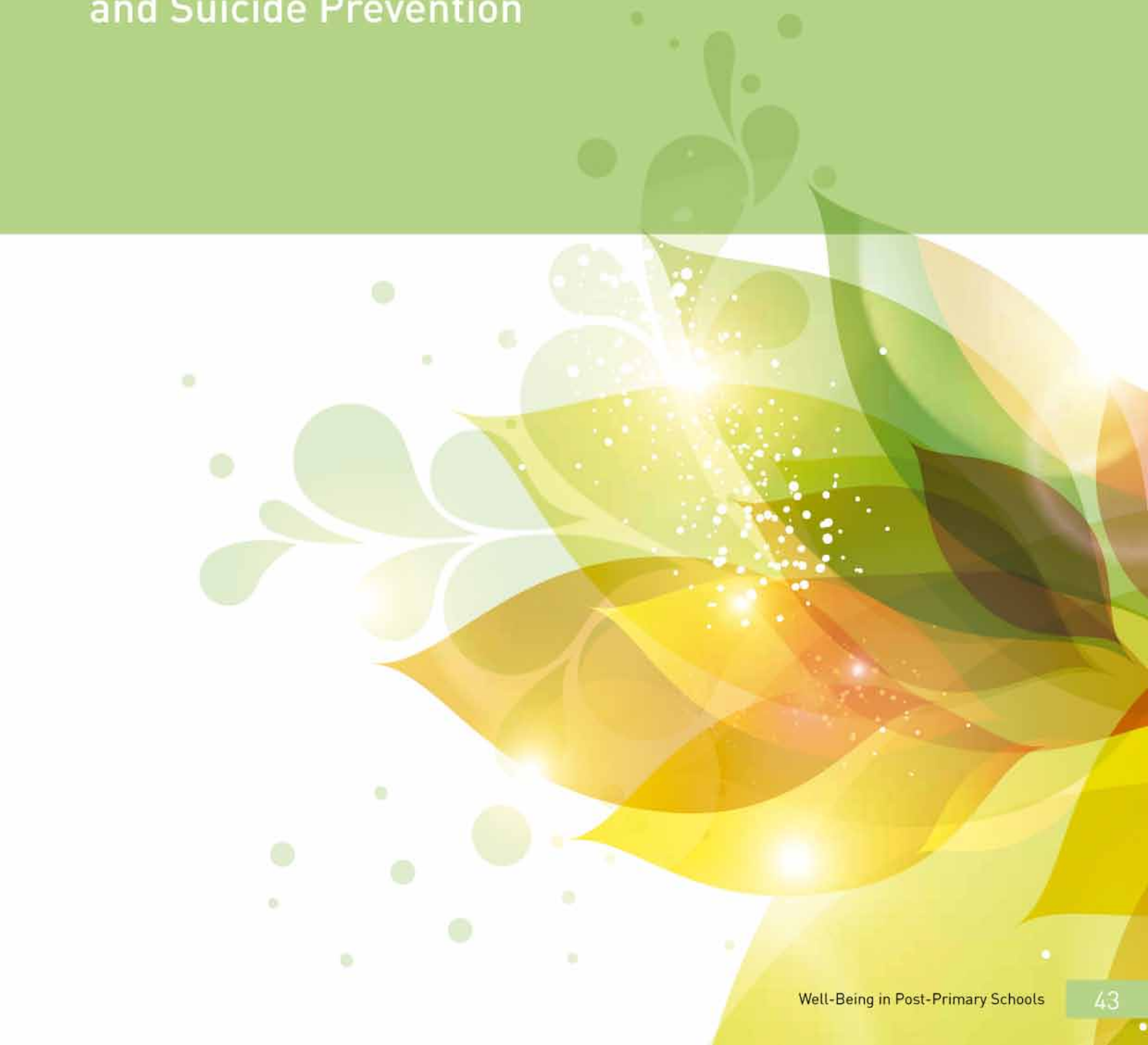
Progress Review:

- The student support team reviewed Susan's situation on a regular basis.
- Susan continued to make progress and was attending school regularly.
- The school was kept informed about progress with CAMHS.
- Key staff members attended training in self-harm awareness and ASIST.
- Parents/guardians accessed bereavement support for themselves and their family.
- Parents/guardians have accessed bereavement support for themselves and their family.

SECTION 6

SUPPORT FOR SCHOOLS

Addressing Mental Health Promotion and Suicide Prevention



6.1 | SUPPORT FOR SCHOOLS

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

6.1.1 | PROFESSIONAL DEVELOPMENT - MENTAL HEALTH PROMOTION/SUICIDE PREVENTION

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

Whole-staff professional development for all should focus on:

- providing a shared understanding of the mental health and well-being of young people
- developing an understanding of adolescent development
- exploring the factors that impact both positively and negatively on mental health and well-being
- providing opportunities for self-reflection on classroom and whole-school practice to establish and maintain healthy patterns of relationships
- raising awareness of the links between risk-taking behaviour, substance use, bullying, and the development of mental health problems
- exploring strategies to develop young people's skills, attitudes and behaviours in dealing with peer pressure, bullying situations or other situations involving risk
- equipping teachers to develop their own and also young people's resilience, self-control and coping skills in a variety of social situations
- identifying and building upon existing good practice in the consistent whole-school implementation of SPHE/RSE
- exploring integrated and coordinated home-school-community linkages to support the mental health and well-being of young people
- considering the implementation of restorative practice and/or mediation in addressing and resolving conflict
- suicide awareness and prevention training.

Guidance counsellors, student support teams, critical incident management teams and SPHE teachers may need additional or more focused professional development given their specific responsibilities.

6.1.2 | GUIDANCE COUNSELLORS

Guidance counsellors have a professional role to play in each of the areas of personal, social, career, and educational guidance and counselling. In particular, the guidance counsellor's specialist role includes the provision of individual and group counselling for some young people, as required in schools. This support greatly helps in the identification of a young person with mental health problems, so that necessary supports can be activated. Guidance counsellors also have a role in leading the development of the whole-school guidance plan. Guidance counsellors should access regular and appropriate accredited continuing professional development to enable them to fulfil their responsibilities.

The professional supervision support for school guidance counsellors aims to ensure that the personal counselling aspect of their work is delivered effectively to young people. This service, which is funded and directed by the Teacher Education Section (TES) of the Department of Education and Skills, is organised through the branches of the Institute of Guidance Counsellors (IGC). Counselling supervision is facilitated through cluster groups organised nationally. It is important that all guidance counsellors working in post-primary schools attend this supervision forum to ensure continuing quality in professional practice.

6.1.3 STUDENT SUPPORT TEAMS

Professional development for student support teams builds competencies in the early identification of mental health problems in young people who require professional interventions and referral to specialist services. The NEPS continuum of support provides a framework to support the effective operation of the student support team. Specific professional development for the student support teams may be accessed from NEPS or other national support services and involves:

- clarifying the role and function of the student support team
- providing advice and support on how to identify young people at risk and respond to their needs appropriately
- supporting teachers in developing processes for recording and monitoring any concerns identified
- matching professional development to the needs of teachers and schools.

6.1.4 CRITICAL INCIDENT MANAGEMENT TEAMS (CIMTs)

Continuing professional development for the critical incident management team should address:

- the purpose and function of the CIMT in providing a co-ordinated response to death by suicide or deliberate self-harm, or other critical incidents that may arise
- how to respond to and manage critical incidents
- how to handle the issue of confidentiality and respond to disclosures in a proactive way
- protocols for appropriate referrals within the school eg referrals to the guidance counsellor, principal or student support teams
- the identification of signs and indicators of suicide risk
- liaison with external referral agencies
- key skills for working with parents/ guardians of young people in crisis

6.1.5 STUDENT COUNCILS AND OTHER STUDENT PARTICIPATION STRUCTURES

Existing in-school support structures, such as student councils, peer mentoring systems, transition planning, or buddy systems make a significant contribution to student well-being. Increasing the involvement of students in such whole-school support systems is paramount. Schools are advised to build partnerships and networks with relevant external agencies, such as local youth services, local Government and HSE services, to help develop and integrate such inclusive structures so that the knowledge, skills, confidence and competences of teachers are addressed.

6.2 SUPPORT FOR SCHOOLS: AN OVERVIEW OF SERVICES

Schools may access a range of support services which have a role in mental health promotion and suicide prevention. While the services and supports identified are available to most schools, access to services may vary from

region to region. Therefore, it is essential that schools identify the range of services available locally and build networks and relevant contacts. Schools should also access relevant professional development support and be cognisant of the need to maintain optimum teaching and learning contact time with students.

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

Schools may access continuing professional development from the following DES supports:

(i) Social, Personal and Health Education (SPHE) Support Service **www.sphe.ie**

(ii) National Educational Psychological Service (NEPS) **www.education.ie**

(iii) The National Centre for Guidance in Education (NCGE) **www.ncge.ie**

(iv) National Behaviour Support Service (NBSS) **www.nbss.ie**

(v) Professional Development Service for Teachers (PDST) **www.pdst.ie**

(vi) Special Education Support Service (SESS) **www.sess.ie**

(vii) The National Council for Special Education (NCSE) **www.ncse.ie**

(i) Social, Personal and Health Education (SPHE) Support Service

The role of the SPHE support service is to support schools with the implementation of SPHE and RSE in a whole-school context. This includes:

- continuing professional development for teachers of SPHE on a range of topics, including mental health
- seminars for whole staff groups on topics such as: positive mental health and well-being, promoting student welfare, promoting staff welfare, bullying prevention and intervention
- whole-school anti-bullying support
- support with SPHE programme planning, use of resources, and approaches to assessment of SPHE
- support the review and development of relevant policies eg relationships and sexuality education (RSE), substance use, anti-bullying.

Continuing Professional Development for Teachers of SPHE, includes courses on a wide range of topics such as:

- introduction to SPHE
- RSE junior cycle and RSE senior cycle
- sexual orientation and homophobia
- mental health
- strategies for resolving bullying
- substance use

(ii) National Educational Psychological Service (NEPS)

The NEPS service provides:

- support in school-wide implementation of the continuum of support
- support for student support teams in dealing with social, emotional, behavioural and learning needs
- individual consultation and casework for young people presenting with mental health concerns
- advice and support for schools on implementing evidence-based interventions
- support for schools in managing critical incidents and in the development of critical incident policies
- information on liaising with social services, CAMHS, relevant HSE and voluntary services, other professionals, and services and agencies of the Department of Education and Skills

(iii) The National Centre for Guidance in Education (NCGE)

The main role of the NCGE is to support, develop and disseminate good practice in guidance for all areas of education and to inform the policy of the DES in the field of guidance. The work of the NCGE includes:

- promoting and supporting strategies for provision of guidance and counselling in post-primary schools
- developing and evaluating guidance resources
- providing continuing professional development for guidance practitioners, including the development of a whole-school guidance plan **http://vle.ncge.ie**

(iv) National Behaviour Support Service (NBSS)

The NBSS provides a whole-school consultative service to self-selected post-primary schools. Continuing professional development is provided for staff in behaviour management on three levels:

(i) whole-school positive behaviour support which focuses on the development of structures, policies and practices

(ii) targeted intervention behaviour support, which offers proactive and preventative interventions that address the needs of both students and staff in small groups

(iii) intensive individualised and/or small group support for students who, notwithstanding targeted interventions, continue to experience difficulty in school

All three levels of support are offered within a positive in-school curricular framework, which includes the promotion of positive health and well-being among young people.

(v) The Professional Development Service for Teachers (PDST)

The PDST provides continuing professional development for teachers to improve the quality of teaching and learning in schools. Support is provided to schools in school leadership, school self-evaluation and curriculum change across a range of curricular areas. Schools are facilitated to analyse existing practice, identify areas in need of development and agree and set specific targets and actions to bring about improvement.

Active School Flag (ASF)

Where schools are involved in initiatives, such as the Active School Flag (ASF) programme, it is more likely that the young people in the school will be physically active, which ultimately leads to improved mental health and well-being (Ratey & Hagerman, 2010). The goal of the ASF is to raise awareness about the value and importance of physical education, physical activity and sports programmes in schools. The ASF programme also aims to empower schools to generate the support and involvement of the wider school community and outside agencies such as local sports partnerships, national governing bodies and the HSE for their assistance. In order to be awarded an active school flag, schools must implement a range of criteria.

Further information is available at http://www.activeschoolflag.ie

(vi) Special Education Support Service (SESS)

The role of the Special Education Support Service (SESS) is to enhance the quality of learning and teaching in relation to special education provision. The SESS coordinates, develops and delivers a flexible range of professional development initiatives for school personnel working with young people with special educational needs.

(vii) The National Council for Special Education (NCSE)

The NCSE has statutory responsibility for the provision of a service to young people with

special educational needs through a network of special educational needs organisers (SENOs) who provide advice and support for schools. The EPSEN Act (2004) provides that schools make appropriate provision for young people with special educational needs, including mental health difficulties.

The NCSE collaborates with Special Education Section, DES to provide additional teaching resources to support young people who are identified as having a diagnosis in the area of severe emotional behavioural disturbance/ behavioural difficulties, or for young people presenting with significant, persistent and ongoing mental health problems.

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

Schools may access supports from the following DCYA services:

(i) National Education Welfare Board (NEWB)

(ii) Children's Services' Committees

(iii) Child and Family Support Agency

(i) National Education Welfare Board (NEWB) www.newb.ie

The NEWB supports the needs of young people who may be at risk of early school leaving and promotes school attendance, participation and retention. The various strands of the NEWB, the Educational Welfare Service (EWS), the Schools Completion Programme (SCP) and the Home School Community Liaison (HSCL) Service work together collaboratively to secure better educational outcomes for young people.

- The **Educational Welfare Service** prioritises young people out of school or without a school placement.
- The **School Completion Programme** is mainly aligned to Delivering Equality of Opportunity in Schools (DEIS) and is targeted at young people up to 18 years who are at risk of early school leaving. It provides a range of in-school interventions and supports including breakfast clubs, mentoring programmes, counselling and other out of school initiatives.
- The **Home School Community Liaison** programme is a school-based preventative strategy that is targeted at young people who are at risk of not reaching their potential in the education system. It also seeks to promote partnership between parents/guardians and teachers.

(ii) Children's Services' Committees

The National Children's Strategy Implementation Group (NCSIG) was established in 2006 with a key priority to ensure implementation of all the strategic plans and policies drawn up and published for children's services in Ireland. As part of the process of achieving this goal, the NCSIG has committed to establishing a network of Children's Services Committees (CSCs) under each of the 34 city and/or county development boards in Ireland. The aim is to ensure that professionals and agencies work together so that children and families receive improved and more accessible services.

The DCYA has responsibility for overseeing the development of Children's Services committees nationally. All major organisations and agencies working locally on behalf of young people are represented on the Children's Services' Committees. As one of the key service providers for young people in the community, the school is a critical stakeholder in the CSCs. These committees are responsible for improving the lives of children and families at local and community levels, through integrated planning, working, and service delivery.

(iii) Child and Family Support Agency

The Child and Family Support Agency, currently in development, will have a brief for child welfare and protection. The mental health needs of young people who come into contact with child welfare services are greater and more complex than those in the general population. The DCYA Statement of Strategy (2012) has placed the outcomes for young people at the centre of its proposals for changes in service delivery. It has also set an objective to "develop, strengthen and align policies, legislation and resources in order to achieve better outcomes for children and young people and provide support for parents and families" (p 4). It is expected that close integration of multi-agency and multi-disciplinary working is built into the structure of the agency. This will facilitate the development of specialist services through which young people receive quality supports and services in a manner which prioritises their needs.

6.2.3 SUPPORT SERVICES: HEALTH SERVICE EXECUTIVE (HSE)

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

(i) Health Promotion Officers

(ii) HSE Resource Officers for Suicide Prevention

(i) Health Promotion Officers (HPO)

The health promotion officers from the HSE Health Promotion Services are available to work with schools to facilitate the review of their health promotion needs. The HPOs can assist schools in the process of becoming a health promoting school through the 'Schools for Health in Ireland' initiative. While this work may include attention to mental health, it is not solely confined to this area, as the concept of the health promoting school takes all dimensions of health into account by working in a developmental way with schools.

Health promotion officers are available to provide assistance with:

- initial needs assessment of a whole-school community
- the implementation of stages of the Health Promoting Schools process through the establishment of a health promoting school committee
- whole-staff training in mental health promotion
- training for specific school staff in mental health-related topics eg mental health promotion, lesbian, gay, bisexual and transgender (LGBT) awareness, bullying, stress management
- policy development
- provision of training on programmes and resources, such as MindOut.

MindOut

MindOut is an evidence-based and curriculum-based mental health promotion programme for senior cycle students, which has also been adapted for Youthreach settings. MindOut has a number of positive effects on a range of student outcomes in a variety of school settings including:

- **increased awareness of positive mental health**
- **increased awareness of available supports resulting in improved help-seeking skills**
- **greater compassion and understanding of the needs of a young person showing signs of depression.**

(Barry et al, 2007)

(ii) HSE Suicide Prevention Officers

The HSE suicide prevention officer can support the mental health promotion and suicide prevention role of schools in the following ways:

- coordinating and providing whole-school SafeTALK training

- providing details of ASIST and understanding self-harm
- providing a consultative service for principals and/or guidance counsellors on issues related to mental health or suicide prevention
- signposting appropriate support services and working in partnership with schools, the wider community, NEPS and other HSE professionals in the aftermath of suicide.

SafeTALK

SafeTALK is a half-day workshop aimed at increasing participants' knowledge and skills around suicide alertness. It teaches participants to be more alert to the signs of suicide and covers the basic steps that a teacher or other staff members may undertake if concerned about a young person. SafeTALK is best delivered to a whole-school staff. Schools must have some key personnel trained in the ASIST programme before a safeTALK programme may be presented to a whole-school staff. SafeTALK is delivered free of charge to schools by the Health Services.

ASIST

ASIST is a two-day interactive workshop in suicide first-aid. It is a training programme suitable for key school staff developing the skills to help prevent the immediate risk of suicide. The workshop provides opportunities to learn what a person at risk may need from others in order to keep safe and access help. ASIST encourages honest, open and direct talk about suicide in preparing people to provide suicide first aid. The programme is delivered in a multidisciplinary group and schools can access the course free of charge. Guidance counsellors, members of the student support teams, critical incident management team, and subject teachers are encouraged to avail of the ASIST and SafeTALK programmes.

ASIST Tune Up

Tune Up is a half day refresher workshop available to anyone who has received training in ASIST. It aims to refresh participants on the ASIST model and provide opportunities to share experiences of applying suicide first aid. Tune Up is provided free of charge by the Health Services.

Understanding Self-Harm

Understanding Self-Harm is an evaluated awareness programme that increases participants' knowledge about self-harm. It is an interactive programme that is usually undertaken over the course of a half-day. It is suitable for whole-school staff and is delivered free of charge to schools by the Health Services.

Information on local health services is available on the HSE infoline – callsave 1850 24 1850.

CONCLUSION

These Guidelines set out the important role schools play in mental health promotion to enhance a young person's life chances.

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

It is important for schools to be aware of available services and supports in their communities and to make meaningful links with the services in working with at risk young people. Young people with good school connectedness are less likely to experience subsequent mental health problems and are more likely to have good educational outcomes. School connectedness includes relationships with peers and adults, and engagement with learning.

Overall, young people's experiences of school and the relationships fostered with others will have a significant impact on young people's moods, attitudes and their likelihood of completing post-primary school. It is vital that school management and staff review and build on existing good practice and implement the processes described in these Guidelines to support the emotional health of young people.

The Guidelines also provide information relating to accessing support from external agencies and support services, and provide advice on the elements of professional development that contribute to effective implementation of the Guidelines. Many youth services operate from the perspective of empowering young people to make appropriate choices in their lives.

The Guidelines outline how a school will approach the development and implementation of an integrated, consistent and purposeful whole-school approach in school guidance, SPHE and RSE, using the continuum of support framework. The Guidelines have been developed to bring coherence to and build upon the multitude of practices that are already in place in school to promote well-being. Fostering a sense of community and belonging in an integrated way is essential to best support the needs of our young people and staff in schools.

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GLOSSARY

ASIST	Applied Suicide Intervention Skills Training
ASF	Active School Flag
CAMHS	Child and Adolescent Mental Health Service
CI	Critical Incident
CIMT	Critical Incident Management Team
CIMP	Critical Incident Management Plan
CL	Cooperative Learning is an instructional approach in which students work together in classrooms in small heterogeneous mixed ability groups. CL places a strong emphasis on positive interdependence, individual and group accountability. It involves team recognition and group responsibility for individual learning.
CPD	Continuing Professional Development
CSO	Central Statistics Office
Dáil na nÓg	Dáil na nÓg is the national youth parliament of Ireland for young people aged 12 to 18. It gives young people from around the country an opportunity to represent the views of those under the voting age of 18 at a national level. It also gives an opportunity for young people to work for changes to improve the lives of young people in Ireland. The Department of Children and Youth Affairs is responsible for funding and overseeing Dáil na nÓg.
DCYA	Department of Children and Youth Affairs
DES	Department of Education and Skills
DoH	Department of Health
DoHC	Department of Health and Children
EAS	Employee Assistance Service
EWS	Educational Welfare Service
ENHPS	European Network of Health Promoting Schools
EPSEN	Education for Persons with Special Educational Needs
GP	General Practitioner
HPS	Health Promoting Schools
HPST	Health Promoting School Team
HSCL	Home School Community Liaison
HSE	Health Service Executive
HPO	Health Promotion Officer
IGC	Institute of Guidance Counsellors

IUHPE	International Union of Health Promotion and Education
ICP	Irish College of Psychiatrists
LCA	Leaving Cert Applied
LCVP	Leaving Cert Vocational Programme
LGBT	Lesbian, Gay, Bisexual and Transgender
MHP	Mental Health Promotion
NCCA	National Council for Curriculum and Assessment
NCGE	National Centre for Guidance in Education
NCSE	National Council for Special Education
NBSS	National Behaviour Support Service
NEPS	National Educational Psychological Service
NEWB	National Education Welfare Board
NOSP	National Office for Suicide Prevention
PCT	Primary Care Teams
NUI	National University of Ireland
PDST	Professional Development Service for Teachers
Psychological First Aid	Psychological First Aid is the provision of humane, supportive, practical help, without being intrusive, for young people experiencing a serious critical incident. It is provided by a person with skills in helping, listening and comforting and involves making connections, and providing information about available supports.
Restorative Practice	Restorative Practice approaches provide an underpinning ethos and philosophy for making, maintaining, repairing and developing relationships and for fostering a sense of social responsibility and shared accountability.
RSE	Relationships and Sexuality Education
SEN	Special Educational Needs
SHE	Schools for Health in Europe
SESS	Special Education Support Service
SPHE	Social, Personal and Health Education
T Y	Transition Year
WHO	World Health Organisation

APPENDICES

APPENDIX 1:

SIGNS THAT A YOUNG PERSON MAY BE EXPERIENCING DIFFICULTY

Below is a list of factors which indicate that a person is troubled or distressed. The list is not exhaustive, and there may be other signs which those familiar with a young person may notice. There may be an increased likelihood of suicide or suicidal behaviour if a number of these signs are present:

- An unexpected reduction in academic performance
- A change in mood and marked emotional instability, either more withdrawn, low energy or more boisterous, talkative, outgoing
- Withdrawal from relationships, separation from friends, or break-up of a relationship
- Getting into trouble at school, discipline problems, suspension or expulsion, trouble with the law
- Loss of interest in usual pursuits, study, relationships
- Ideas and themes of depression, death or suicide
- Hopelessness and helplessness
- Giving away prized possessions
- Stressful life events, including significant grief
- Bullying or victimisation
- A history of mental illness
- Alcohol/drug misuse
- A history of suicidal behaviour or deliberate self-harm.

APPENDIX 2a:

MENTAL HEALTH PROMOTION: SELF-EVALUATION QUESTIONNAIRE (STAFF & PARENTS/GUARDIANS)

This mental health promotion self-evaluation questionnaire is for use by school management and staff. Section 4.3 may be used with parents/guardians. It will support the implementation of positive health and well-being in schools. The checklist may be used to review and evaluate what is going well and what needs to be improved in the four key areas of the health promoting school: the whole-school environment, curriculum and learning, policy and planning, and partnerships.

Each item on the questionnaire allows three basic questions to be addressed during the process of self-evaluation:

How are we doing?

How do we know?

What are we going to do now?

Do we need additional evidence?

Schools should use all available evidence from a range of people including teachers, students and parents/guardians, to review the extent to which it meets the criteria, as set out in this questionnaire, using the following five levels:

Levels	Self-evaluation Outcome
1	Priority for development (action needed)
2 to 4	Room for improvement (some action needed)
5	Working successfully (monitoring only needed)

The first question, *How are we doing?* requires the school to rate itself on a scale 1-5 with reference to the practical examples which are detailed under *How do we know?* The approach to the third question, *What are we going to do now?* follows directly from consideration of questions one and two. Schools should address this practical issue by devising an appropriate action plan. This could be done in the course of a three-year cycle in which all of the areas would be covered. Any area deemed to be at Level 1, 2 or 3 would be the subject of immediate attention.

KEY AREA 1 Environment – (Physical and Social)

How are we doing? (Apply rating 1-5 taking account of criteria listed in second column)

	How do we know? Some criteria to look for:	1 (low)	2	3	4	5	What are we going to do now?
1.1 Quality and Use of Accomm-odation	▶ The range of accommodation is appropriate to the needs of the school and is maintained in a very good state of decoration and repair. ▶ The quality and condition of furniture and fittings are of a high standard. ▶ Security procedures and provision are effective, and access is suitable to the needs of all users including disabled persons. ▶ Space within available accommodation is allocated effectively.						1. 2. 3. Who? Review date:
1.2 General Ethos	▶ All staff contribute fully to the promotion of a caring and welcoming environment within the school. ▶ There is high staff morale with good working relationships. ▶ Respectful relationships are fostered between staff, and between staff and students. ▶ Students and staff feel a sense of belonging and self-worth. ▶ The mental health and well-being of students and staff are prioritised and promoted.						1. 2. 3. Who? Review date:
1.3 Support for Staff	▶ Management assist the staff to work collectively so that trust, respect and confidence are evident throughout the school. ▶ All staff feel that their views are listened to and taken seriously within the school. ▶ Staff feel they receive recognition and support from management. ▶ Staff feel that their efforts and abilities are noted and rewarded and that their work is worthwhile and successful. ▶ All staff members are aware of the Employee Assistance Service and the contact details for the service.						1. 2. 3. Who? Review date:
1.4 Partnership with Students	▶ Student participation is valued in the school and students are actively encouraged and supported. ▶ Staff listen to and take full account of the views of students. ▶ Students know that their feelings and views are valued. ▶ There are structures in the school which allow students to have a voice (eg Student Council).						1. 2. 3. Who? Review date:

KEY AREA 2 Curriculum and Learning

How are we doing? (Apply rating 1-5 taking account of criteria listed in second column)

	How do we know? Some criteria to look for:	1 (low)	2	3	4	5	What are we going to do now?
2.1 Curriculum and teaching	▶ Mental and emotional health education are effectively implemented and are a visible part of the SPHE Curriculum ▶ Programmes on mental health are delivered at junior and senior cycle ▶ The Guidance Counsellor works collaboratively with the SPHE team in the planning and whole-school implementation of SPHE ▶ Teachers are supported through access to continuing professional development to facilitate the delivery of the SPHE curriculum ▶ A proactive evidence-based approach is taken to respond to emerging issues impacting on the mental health and well-being of students, eg bullying						1. 2. 3. Who? Review date:
2.2 Information-gathering	▶ The school gathers information about incoming 1st year students from the feeder primary schools in a systematic way, with the written consent of parents/guardians (eg, by using the 'Post-Primary Transfer Review' form and the 'Sample Parental Consent Form' from the NEPS Continuum of Support). ▶ The school routinely gathers information from subject teachers about a student of concern in a systematic way (eg, by using the 'Subject Teacher Survey' form from the NEPS Continuum of Support). ▶ The school routinely gathers information from students about their perceptions of how they are doing at school in a systematic way (eg, by using the 'My Thoughts about School Checklist' from the NEPS Continuum of Support). ▶ The school has a system in place for gathering information on levels of bullying. ▶ All staff involved in information-gathering comply with the school's policy on Confidentiality. Records about individual pupils are stored securely.						1. 2. 3. Who? Review date:
2.3 Screening and Assessment	▶ The school takes a systematic approach to screening for social, emotional and behavioural difficulties, for example by using the 'Screening for Behaviour Framework' from the NEPS Continuum of Support Resource Pack (pages 46 – 50). ▶ The school discusses the outcomes of screening with the NEPS Psychologist when appropriate.						1. 2. 3. Who? Review date:

KEY AREA 3 Policy and Planning

How are we doing? (Apply rating 1-5 taking account of criteria listed in second column)

	How do we know? Some criteria to look for:	1 (low)	2	3	4	5	What are we going to do now?
3.1 Policies and Plans	▶ The school has a whole-school Guidance Plan, which includes relevant policies that relate to student well-being and support eg substance use, anti-bullying. ▶ The school has an SPHE Plan in place ▶ The school has a policy on 'visiting speakers'. ▶ The school has a Critical Incident Management Plan (CIMP). ▶ The school has a policy on Child Protection. ▶ The school has a Code of Behaviour ▶ The school has an Anti-bullying policy ▶ All policies are reviewed on a regular basis.						1. 2. 3. Who? Review date:
3.2 Development and dissemination of plans and policies	▶ Consultation has taken place with staff, students and parents/guardians about all school policies related to mental health and critical incidents ▶ All staff are fully knowledgeable about the whole-school Guidance Plan, the Critical Incident Management Plan, the Child Protection policy and the Anti-bullying policy ▶ Newly-appointed teaching staff are made aware of policies and plans as a matter of priority. ▶ The school policies and plans are kept in a central location and are easily accessible for staff and parents/guardians.						1. 2. 3. Who? Review date:

KEY AREA 4 Partnerships (Family and Community Links)

How are we doing? (Apply rating 1-5 taking account of criteria listed in second column)

	How do we know? Some criteria to look for:	1 (low)	2	3	4	5	What are we going to do now?
4.1 **Internal school supports**	▶ There is a Student Support Team (Care Team) in place which consists of staff members such as Year Heads, the Guidance Counsellor, and the Learning Support Coordinator ▶ The Student Support Team feels supported in its role ▶ Staff, students and parents/guardians are familiar with the working of the Student Support Team ▶ The Student Support Team consults with students who are presenting with concern, and with their parents/ guardians ▶ All school staff are fully aware of the DES, Child Protection Procedures and have received up-to-date training on the Guidelines ▶ All teaching staff are encouraged and supported to attend continuing professional development on mental health promotion and suicide prevention ▶ Members of the Student Support Team have completed ASIST training						1. 2. 3. Who? Review date:
4.2 **External school supports**	▶ The Student Support Team has developed good links with external agencies involved in supporting the mental health of students (NEPS; HSE; Social Services) ▶ The Student Support Team has developed good links with local agencies/services which support youth mental health ▶ Referral procedures to external agencies are clearly established and agreed ▶ A member of staff has been identified as a link person with responsibility for liaising with external agencies ▶ Roles, responsibilities and expectations of external agencies are clearly negotiated and defined						1. 2. 3. Who? Review date:
4.3 **Partnership with Parents/ Guardians**	▶ The school takes a systematic approach to screening for social, emotional and behavioural difficulties, for example by using the 'Screening for Behaviour Framework' from the NEPS Continuum of Support Resource Pack (pages 46 – 50). ▶ The school discusses the outcomes of screening with the NEPS Psychologist when appropriate.						1. 2. 3. Who? Review date:

APPENDIX 2b:

MENTAL HEALTH PROMOTION: SELF-EVALUATION CHECKLIST AND QUESTIONNAIRE (YOUNG PEOPLE)

As part of the self-evaluation process, the opinions of young people may also be accessed through use of the *My Thoughts About School Checklist* from the *NEPS Continuum of Support* (2010b) or the *Mental Health Promotion Self- Evaluation Questionnaire for Young People*, both of which are included below.

My Thoughts about School Checklist		
Name	Class	Date
The things I like best at school are:		
The things I don't like about school are:		
The things that I am good at are:		
The things I find hard are:		
I am happy in class when:		
I am happy during break and lunch times when:		
My friends are:		
I need help with:		
Teachers in school can help me by:		
Teachers would describe me as:		
My parents/guardians would describe me as:		
Adults I get on best with in school are:		

Mental Health Promotion Self-evaluation QUESTIONNAIRE for young people					
Area of Review	**1 (low)**	**2**	**3**	**4**	**5 (high)**
1. I feel that my school is happy and welcoming					
2. The physical environment is well kept and bright					
3. The school provides adequate space for classes, social interaction and quiet time					
4. I feel respected and valued when I am in school					
5. My school values health and well-being and it is recognised as a priority in the school					
6. I feel connected to my school					
7. I feel safe when I am in school					
8. I am encouraged to participate at school					
9. There are structures in the school which allow students to have a voice (eg, Student Council)					
10. My school implements mental and emotional health education as part of the SPHE curriculum					
11. I am informed about the policies related to mental health and well-being in my school					
12. I am informed about the policies related to anti-bullying in my school					
13. I know how student support structures work in my school and who to contact if I have a worry or concern					
Answer if relevant: 14. When I have made use of the student support structures in my school, I have found them to be effective and supportive					
15. If I share a worry or concern with a staff member, I know that my concern will be kept confidential (as long as my safety or the safety of others is not at risk)					
16. I know my school will support me if I am stressed					
17. My school communicates well with my parents/ guardians					
18. My teachers think well of me in school					
19. Young people who have difficulties are well supported in my school					
20. Students are listened to in my school					
21. My school is proactive and effective in tackling bullying					

APPENDIX 3a:

SPHE and RSE: BEST PRACTICE GUIDELINES FOR POST-PRIMARY SCHOOLS

Department of Education and Skills Circular 0023/2010

To Chairpersons of Boards of Management and Principals of all Post-Primary Schools

Social, Personal and Health Education (SPHE) & Relationships and Sexuality Education (RSE)

Best Practice Guidelines for Post-Primary Schools

Introduction

The Department of Education and Science wishes to advise management authorities of the necessity to adhere to best practice guidelines in the mandatory implementation of SPHE/RSE in the junior cycle and RSE in the senior cycle.

National and international research has consistently shown that the qualified classroom teacher is the best placed professional to work sensitively and consistently with students and that s/he can have a powerful impact on influencing students' attitudes, values and behaviour in all aspects of health education.

The SPHE/RSE programme should have a substantial skills development element and should not merely be information based. Such skills are developed over time and founded on an ongoing relationship based on trust, understanding and mutual respect.

Young people flourish in an environment where there is a whole-school approach to the holistic growth of students and where there is a shared belief in their potential for development, learning and wellbeing.

Responsibility of Schools

The Education Act (1998) states that:

A recognised school shall promote the moral, spiritual, social and personal development of students and provide health education for them, in consultation with their parents, having regard to the characteristic spirit of the school.

School management, principals and teachers have a duty to provide the best quality and most appropriate social, personal and health education for their students. They also have a duty to protect students in their care at all times from any potentially harmful, inappropriate or misguided resources, interventions or programmes.

Visitors to Post-Primary Schools: Guidelines

If schools wish to enhance or supplement SPHE/RSE by inviting visitors to the classroom precise criteria must apply. Outside facilitators who contribute to the SPHE/RSE programme can play a valuable role in supplementing, complementing and supporting a planned, comprehensive and established SPHE/RSE programme. Any such visitor or visiting group should adhere to the guidelines of good practice as set out in the SPHE Handbook Section 7 and which are condensed herewith:

- Visitors to the classroom or school, particularly those engaging directly with students, should be aware of relevant school policies including the school's child protection policy, RSE policy and substance use policy. Any such visit must be carefully planned in advance in line with the relevant whole-school SPHE/RSE programme(s) and policies.
- Talks/programmes delivered by outside agencies or speakers must be consistent with and complementary to the school's ethos and SPHE/RSE programme. Visits should be planned, researched and implemented in partnership with school personnel.
- Relevant teachers need to liaise with and be involved with all visitors and external agencies working with the school and the whole staff needs to be made aware of same.

- It is strongly recommended that parents should be consulted and made aware of any such visiting people or agencies to classrooms/schools.
- The school's SPHE/RSE coordinator may also help in the process of whole-school planning and coordination to support the effective implementation of SPHE/RSE.
- It is of the utmost importance that classroom teachers remain in the classroom with the students and retain a central role in delivery of the core subject matter of the SPHE/RSE programme. The presence of the classroom teacher should ensure that the school follows appropriate procedures for dealing with any issue(s) that may arise as a result of the external input(s).
- All programmes and events delivered by visitors and external agencies must use appropriate, evidence-based methodologies with clear educational outcomes. Such programmes are best delivered by those specifically qualified to work with the young people for whom the programmes are designed.
- All programmes, talks, interventions and events should be evaluated by students and teachers in terms of the subject matter, messages, structure, methodology and proposed learning outcomes.

Please Note

Research findings indicate that the following teaching approaches have limited effect and are counterproductive to the effective implementation of SPHE. In light of this, schools are advised to avoid the following approaches:

Scare tactics
Information that induces fear, and exaggerates negative consequences, is inappropriate and counterproductive.

Sensationalist interventions
Interventions that glamorise or portray risky behaviour in an exciting way are inappropriate and can encourage inappropriate risk taking.

Testimonials
Stories focused on previous dangerous lifestyles can encourage the behaviour they were designed to prevent by creating heroes/heroines of individuals who give testimony.

Information only interventions
Programmes which are based on information alone are very limited in the learning outcomes they can achieve and can in fact be counter productive in influencing values, attitudes and behaviour.

Information that is not age appropriate
Giving information to students about behaviours they are unlikely to engage in can be counterproductive in influencing values, attitudes and behaviour.

Once off/short-term interventions
Short-term interventions, whether planned or in reaction to a crisis, are ineffective.

Normalising young people's risky behaviour
Giving the impression to young people, directly or indirectly, that all their peers will engage/are engaging in risky behaviours could put pressure on them to do things they would not otherwise do.

Didactic approach
Didactic approaches which are solely directive in nature are ineffective in the successful implementation of SPHE/RSE.

Further Information

Information, advice and support is available from the SPHE Support Service which is a partnership between the Department of Education and Science, the Department of Health and Children, and the Health Service Executive, in association with Marino Institute of Education.

SPHE Support Service (Post-Primary)
Marino Institute of Education
Griffith Avenue
Dublin 9.

Tel: (01) 805-7718
Fax: (01) 853-5113
Email: sphe@mie.ie
Website: www.sphe.ie

Please bring this circular to the attention of teachers and members of the school board of management. This circular may also be accessed at www.education.ie under Education Personnel/Circulars.

APPENDIX 3b:

ADDITIONAL ADVICE: EXTERNAL AGENCY SUPPORT

In considering external agency input, the health and safety of young people is paramount, as inputs or programmes that aim to reduce suicidal behaviour among young people may have both positive outcomes for some and unintended negative consequences for others. Programmes are more effective when operating across different contexts including family, school and community (Browne et al., 2004).

When selecting mental health promotion inputs or intervention programmes provided by an external agency, the terms of Circular 0023/2010 above should be followed.

In addition, schools should ensure that:

- the external agency is requested to provide comprehensive information about its aims, objectives and work
- the implementation of the mental health intervention programme or input will support integrated, whole-school, consistent implementation of the SPHE curriculum
- health promoting behaviours are fostered eg increased physical activity among young people and staff
- the skills necessary for healthy living using active learning methods are developed
- efforts are made to reduce the stigma associated with mental health
- the intervention programme and programme outcomes have been independently evaluated and the benefits substantiated by research
- the competencies, knowledge, skills and expertise of the contributing person/s support the needs and policies of the school
- programme content is appropriate for the age, gender and cultural background of young people
- parents/guardians and the student support team have access to relevant information about the programme and are informed of its implementation
- the intervention programme does not place an unreasonable onus on young people to take responsibility for the well-being of their peers
- the intervention programme does not directly or indirectly raise awareness about suicide
- agencies/individuals delivering programmes have written child protection policies and Garda clearance, and have received relevant child protection and ASIST training.

If schools choose to use an external agency to provide mental health support for staff, there is a need for schools to:

- ensure that the child protection procedures are in operation
- review its existing whole-school mental health promoting practices including its implementation of the SPHE programme
- engage in comprehensive consultation regarding the aims, objectives, content and delivery method of the proposed external intervention programme or input
- ask in advance for an outline of the session(s), material(s) and presentation methods and establish its fit with the school ethos
- carefully consider the preparation for and timing of the input with the target group to ensure maximum benefit for all
- advise about potential issues that might arise eg identifying possible vulnerable group member/s
- discuss possible follow-up and how it might be facilitated.

APPENDIX 4:

TEMPLATE FOR SCHOOL CONTACTS: RELEVANT LOCAL SERVICES AND SUPPORTS

This sample contact list template will be a useful resource for schools. It should be prepared as part of the whole-school guidance plan and be easily available for access by all school staff. Additional contacts may be added, as appropriate. This contact list should be reviewed annually. A copy may be displayed on the Staff Notice Board.

School Name: _____ Roll Number: _____ Date: _____

Support/Agency	Contact name if available	Contact Details
Ambulance Service		
Child and Adolescent Mental Health Service (CAMHS)		
HSE Primary Care Psychology Service		
Child and Family Support Agency/Social Worker		
Chairperson, Board of Management		
Department of Education and Skills		www.education.ie
Employee Assistance Service		180041105
Fire Brigade		
Garda		
General Practitioner/s		
Hospital		
HSE, Local Contact Person/Office		1850241850
HSE Health Promotion Officer		1850241850
HSE Suicide Prevention Officer		1850241850
Local Counselling Service/s		
National Council for Special Education/Special Education/Needs Officer		
NEPS Psychologist		www.education.ie
NEWB Educational Welfare Officer		www.newb.ie
Parish Priest/Clergy		
Professional Development Service for Teachers		www.pdst.ie
Parents' Association		
SPHE Support Service		www.sphe.ie
Special Education Support Service		www.sess.ie

APPENDIX 5:

INTERAGENCY STUDENT SUPPORT ACTION PLAN: SUPPORT FOR A FEW

This is a suggested template which schools may adapt and use when engaging with external agencies. It will help in the development of an action plan to support a young person who has significant and ongoing needs.

Name: _____

DOB: _____

Action Plan Coordinator: _____

Year Head: _____

External agency contact/s:

1. _____

2. _____

3. _____

Who?	Action Agreed	How?
Agency		
Agency		
Agency		
School		
Parent/Guardian		
Student		
Other		

Review date:

Record Review of Action Plan

Attendance:

Date of discussion:

Date of next review:

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

National Educational Psychological Service

AN ROINN OIDEACHAIS AGUS SCILEANNA | DEPARTMENT OF EDUCATION AND SKILLS

An Roinn Sláinte
DEPARTMENT OF HEALTH

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive