

DEVELOPING A
YOUTH MENTAL HEALTH AND
WELL BEING SUPPORT STRUCTURE
FOR COUNTY MAYO

FEASIBILITY STUDY



A QUALITATIVE RESEARCH STUDY ON BEHALF OF
MAYO YOUTH MENTAL HEALTH INITIATIVE

FEBRUARY 2012



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February 2012

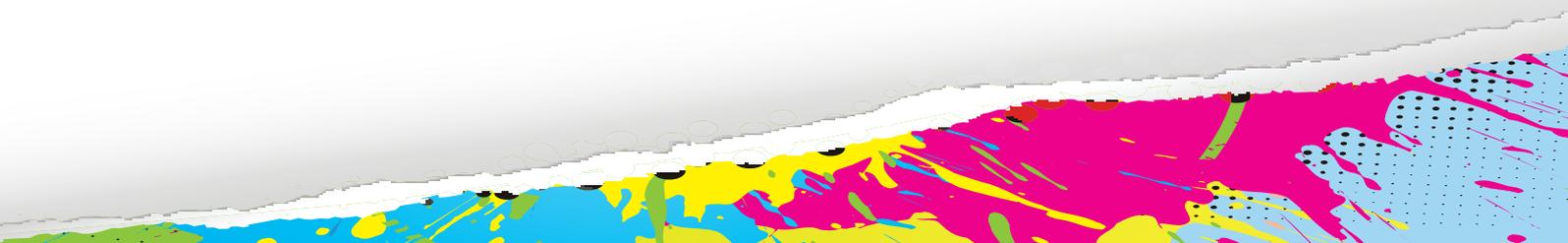
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FOREWORD

In deciding to undertake this research, the MYMHI wanted to go beyond the perceptions of youth mental health. We wanted to understand what young people, families, communities and support services are experiencing, what the issues are and what can be done to address them. This study contains a wealth of information that we feel has relevance for young people and their families, communities and support services. It brought together many views, opinion and perceptions that we feel will contribute to the debate and learning on youth mental health in the county.

We would like to thank the individuals, families, communities and support services for their work on this study. Their contribution and commitment to the work made our task much easier and gave us well-founded confidence in the final outcome.

Finally for you the reader, we hope that you will find within this report something, which will add to your knowledge and understanding of youth mental health and well being. Most especially, we hope you will be encouraged and energised by the findings and we hope this will be the beginning of our journey together to achieving an accessible, youth friendly, county-wide service which is effective in helping our young people manage their mental health. It is also hoped that it will be seen as a positive contribution to a necessary debate around youth mental health and that by working together we can plan strategically and make a real difference in the lives of our young people.

In addition to this we hope the service will provide guidance and support for schools, youth services, parents, families and communities to promote the message of positive mental health. MYMHI remains very passionate on this issue and will endeavour to persevere wholeheartedly to develop an accessible, flexible service for our young people.

Mayo Youth Mental Health Initiative Research Sub-committee:

Breda Ruane (Chairperson) Sarah Sheridan, Catherine McCloskey & Jeananne Garavan.

REAMHFHOCAL

I gcinneadh i leith tabhairt faoin taighde seo, theastaigh ó MYMHI dul thar aireachtáil mheabhairshláinte don óige. Theastaigh uainn a thuiscint céard iad na rudaí a bhraitheann daoine óga, clanna, pobail agus seirbhísí tacaíochta, céard iad na ceisteanna agus céard is féidir a dhéanamh chun tabhairt fúthu. Tá saibhreas eolais ins an staidéar seo a chreidimid atá bainteach le daoine óga agus lena gclanna, lena bpobail agus lena gcuid seirbhísí tacaíochta. Thug sé le chéile a lán barúlacha, tuairimí agus mothúcháin a n-airímid a chuirfidh leis an díospóireacht agus leis an bhfoghlaim faoi mheabhairshláinte sa chontae.

Ba mhaith linn buíochas a ghlacadh leis na daoine aonair, na clanna agus na seirbhísí tacaíochta as a saothar ar an staidéar seo. Rinne a gcúnamh agus a dtiomantas don saothar ár n-obair a éascú agus thug dúinn muinín dea-bhunaithe ins an toradh deiridh.

Ar deireadh duitse, an léitheoir, tá súil againn go bhfaighidh tú, laistigh den tuairisc seo, rud éigin a chuirfidh le d'eolas agus le do thuiscint ar mheabhairshláinte agus ar leas don óige. Go háirithe, tá súil agam go ndéanfar tú a spreagadh agus a fhuinnmhiú ag na torthaí agus go mbeidh seo mar thús lenár dturas le chéile i seirbhís insroichte, óg-chairdiúil, ar bhonn n contae a bhaint amach atá éifeachtach i gcabhrú le daoine óga a meabhairshláinte a riaradh. Táthar ag súil, chomh maith, go mbreathnófar air mar chuidiú dearfach i leith díospóireachta riachtanaí thart ar mheabhairshláinte don óige agus tré a bheith ag obair le chéile go bhféadfaimid pleanáil straitéiseach a dhéanamh agus fíor-dhifriocht a dhéanamh i saolta ár ndaoine óga.

Chomh maith leis seo, táimid ag súil go soláthróidh an t-seirbhís treoir agus tacaíocht do scoileanna, do sheirbhísí óige, do thuismitheoirí agus do phobail chun teachtaireacht na meabhairshláinte deimhní a chur chun cinn. Fanann MYMHI an-phaiseanta faoin gceist seo agus déanfaidh iarracht leanacht go croíúil ar mhaithe le seirbhís solúbtha insroichte a fhorbairt dár ndaoine óga.

Fochoiste Taighde MYMHI (Mayo Youth Mental Health Initiative):

Breda Ruane (Cathaoirleach), Sarah Sheridan, Catherine McCloskey & Jeananne Garavan

Acknowledgements

Jason Donaghy Associates Consulting and Creative Edge Consulting wish to express our sincere thanks and appreciation to all of the individuals and organisations from across County Mayo who facilitated the completion of this hugely important and timely piece of work.

First and foremost, we wish to say a big thank you to all of the 305 young people from across the 10 post-primary schools in County Mayo, to the young people who participated in the youth interest and geographic groups, and to those young people who shared their remarkable personal journeys with us. These young people, each unique and wonderful, brought so much to the research and consultation. They were passionate, fun and serious – determined to help address an issue which for them is real and disturbing. They shared their insights, perceptions, hopes and fears with authenticity and integrity and with a sure and certain belief that change can be made and that they must be part of it.

We owe a huge debt of gratitude to the parents and carers who consented for their young people to participate in this research across the various elements. We were genuinely delighted that they saw the real merit in the process and trusted the initiative to benefit their young persons and other young people in the future.

To the principals, transition year co-ordinators, school counsellors and support staff within the 10 schools, we are profoundly grateful for your agreeing to facilitate the participation of your schools in this initiative. Without your kind co-operation, time and effort, we would not have been able to accomplish what we have.

We extend a big thank you to the five selected communities within which we met with young people, service delivery agencies and the wider community. The turn-out, participation and input into each of the sessions demonstrated the commitment, concern and determination of each one of the communities and the shared basis upon which they see the current issues and the potential for positive change. A big thank you to the community leaders, who helped to co-ordinate and establish these sessions within their communities. This was a major undertaking which was effected with real dedication and thoughtfulness.

Thank you to all of the key informants from across the different agencies, groups and communities who gave so generously of their time and insight. We were struck by your deep knowledge and concern for your communities and your recognition of the need for urgent action. It was especially pleasing to see high-level commitment to the purpose and outcome of this research and a real determination to act upon its findings and recommendations.

Finally, thank you to the Mayo Youth Mental Health Initiative for entrusting this fascinating piece of work to Jason Donaghy Associates Consulting in collaboration with Nick Mack Consulting. We have been received with kindness and generosity wherever we went in the county. We travelled a journey with you which has been demanding, exciting and without a single doubt highly rewarding and humbling.

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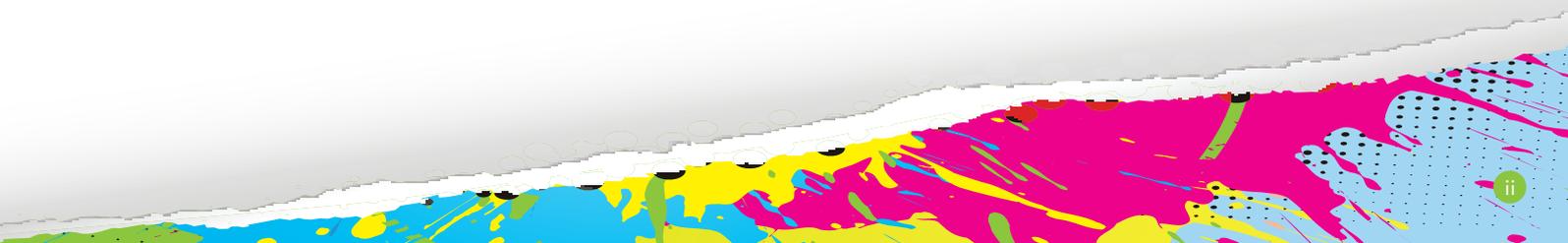
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Disclaimer

This report is the outcome of a study commissioned by Mayo Youth Mental Health Initiative. The views expressed are those of the authors and should not be regarded as the official position of this committee.



Mayo Youth Mental Health Initiative would like to acknowledge the valuable contribution of the Steering Committee members which include:

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Executive Summary

Mayo is a large and predominantly rural county with exceptionally low population densities. Its rurality is reflected in the fact that 76% (9,657) of Mayo's 12 to 18 year olds live in rural areas. There was an overall rise in deaths by suicide in County Mayo in 2010. There was a decline from 11.9 per 100,000 people in 2009 to 10.9 in 2010. This represents an 8.4% decline, compared to Mayo's 61% increase in deaths by suicide per 100,000 of the population, i.e., 10.0 in 2009 to 16.1 in 2010. There were a total of 410 medically treated deliberate self-harm episodes in County Mayo in 2009.

In response to the level of suicides in the county, the Mayo Youth Mental Health Initiative (MYMHI) was established in 2009 to promote person-centred supports which foster the positive mental health and well being of young people in County Mayo through an interagency and partnership approach. In order to facilitate this aim, MYMHI commissioned this study to explore the feasibility of establishing a youth mental health support service for County Mayo.

Aim of Research

This study set out to ascertain the best model of engagement that supports the mental health and well being of young people in County Mayo, their families and communities.

Methodology

In total 305 young people, four general practitioners and 78 organisations participated in the research process. In addition 7 participants who had availed of clinical support services told of their experiences. Five communities were consulted. A broad range of methods were utilised, including one-to-one semi-structured interviews, in-school and community focus groups, and online surveys. In addition, a brief literature review was undertaken which highlighted a number of key issues relating to young people's mental health, not just in Ireland but internationally. At the heart of young people's mental health is the existence of a very real anomaly. When young people most need help and support to navigate their way through adolescence with its significant mental health challenges, they are the group least likely to be able to avail of services and supports to help them address their poor mental health and to build positive mental health.

Context

Those groups of young people most at risk of poor mental health are well recognised, as are the risk and protective factors which precipitate an individual's particular level of mental well being. It is acknowledged that the risk and protective factors exist not only within the young person, but within their surrounding family, community, school, culture and societal norms.

Whilst the physical and material well being of young people in westernised nations and in the less developed economies has grown considerably, there has been a corresponding decline in their mental and emotional well being, with significant and worrying increases in deliberate self-harm and suicide. This trend is especially pertinent within the context of the Republic of Ireland.

Previous research in the Republic of Ireland has shown the prevalence of poor mental health amongst Ireland's young people, which accords with the experience internationally. The Republic of Ireland currently has a favourable policy context within which to develop new ways of working for young people's mental health, especially ways which are consistent with the growing interest and practice toward positive mental health and a systems approach.

In respect to rurality and young people's mental health, research from Australia indicates that the rural environment brings with it its own unique culture and norms which impact on how mental health is viewed by the young person and the wider community. There appears to be a complex interplay of factors, which need to be taken into account in the design and development of a mental health initiative for young people in rural areas.

Existing Resources

The research process identified a wide range of supports and services available to young people, communities and organisations. However, in reviewing the resources available, the research identified two critical gaps. Firstly, there is no one access point into services and supports for young people in County Mayo. Secondly, there is no dedicated out-of-hours youth facility which addresses the needs of those young people who are at risk, especially outside of normal working hours.

Research Findings

The young students who took part in the workshops within the schools feel that mental health is viewed as a largely negative and stigmatised term. In their opinion, it is associated much more with mental illness than with positive mental health. They feel it is important to them. However, they feel that the wider community does not take it seriously. They feel that they as young people take it seriously. The young people would much rather seek help through a friend, family member or sympathetic schoolteacher than through a mental health professional. However, whilst preferring to seek help through these avenues, there appears to be a real reluctance on the part of the young people to do so. They fear burdening their friends and family, and they fear the consequences for themselves and their family if it were to become widely known that they were experiencing a mental health issue.

Fear, stigma, being judged, lack of trust, loss of reputation and a macho culture are some of the things which would prevent the young people from seeking help; whilst trust, not being judged, encouragement and other people noticing changes in them would encourage them to seek help.

The young people see poor mental health as being widely prevalent amongst their friends and peers, and they have a very high personal awareness of someone who has taken their life by suicide. The young people would not be comfortable or happy sharing openly with a group of peers if they had a mental health issue.

Mental health was seen by the young students as something the wider community view as mental illness,

negative and something not to be talked about. The young people want to see this changed, and for positive mental health to become the norm.

The young people are very aware of what helps and hurts mental health, and have a sense of the key principles which should underpin a positive mental health service for young people, i.e., fun, caring, encouraging, talking, being easy to get to and sharing of experiences, as opposed to having a fixed idea of what the exact shape of such a service might look like.

Within the communities there is an acute awareness of the increasing pressures and stressors on young people and how the environment they find themselves growing up in is changing rapidly. It is marked by massive peer pressure, uncertainty and risk. The impact of the recession on homes and families across Mayo, and its consequences for young people and their parents', siblings' and carers' mental health, were alluded to. There is a strong sense that not enough is currently available to help families in stress, as well as supports to help parents and carers re-engage and talk with their young people about mental health issues.

There are seen across the communities to be a number of key strengths. These were seen to emanate from the fact that the majority of young people do experience good mental health, and that the communities and the agencies within and across the five communities are willing to work together to bring about positive change. Further, there are felt to be many positive models and programmes within schools and the community, which could and should be built on.

There is a strong call for strengthening the capacity of all sectors and players in supporting young people's positive mental health and well being, and enhancing the capacity and capability of schools, voluntary organisations, parents and the Health Service Executive (HSE) in addressing positive mental health proactively. There is a critical need for greater and much more effective and deliberate collaboration across sectors in the delivery of genuinely youth-centred services, which start from where young people are at and are available when young people need help and support.

It must be ensured that the right balance between a centralised and a rural outreach model for young people's mental health support services is achieved, given the predominantly rural nature of the county and the fact that approximately 75% of 12 to 18 year olds live in rural areas.

Young people need to be at the heart of the process with the agencies and organisations in designing and delivering initiatives.

The life stories highlighted the need for recognition by adults of the capabilities and centrality of the young person in the process, both as part of the immediate solution and in helping to recognise and facilitate stronger, more resilient young people afterwards for the long term. In effect, solving a problem rooted in poor mental health can be the starting point for a pathway to establish positive mental well being.

Conclusion

The definition, policy and practice relating to mental health, and more particularly youth mental health, is experiencing a substantial shift from a focus on mental illness and mental health to one of positive mental

health and resilience. There is recognition that mental health issues demand early preventative approaches which build resilience and coping skills before young people actually experience poor mental health. Positive mental health and the ability to cope with life's challenges are seen as critical in an increasingly complex and fast-changing world. It is estimated that 75% of adult mental health problems emerge in adolescence, hence the strong movement toward prevention.

It is recognised the world over that when adolescents most need mental health supports and services, they are least likely to be available, and it is widely accepted that the Republic of Ireland is no different in this regard. However, A Vision for Change and the Reach Out strategies create the potential for the movement towards a more robust, comprehensive and appropriate service which is focused on promoting positive mental health.

Young people have predominantly negative associations with the term mental health. They feel that it is an important issue for them and something they should take seriously. However, there is great concern at being identified as someone with a mental health issue for fear of being seen as different, being bullied, talked about and excluded. Also, the young people indicate that they don't want to burden their family or friends. They also fear the consequences of a mental health issue for their future career prospects. The vast majority of young people would not seek help from a teacher for fear of "staff-room gossip", nor would they wish to make contact with a psychiatrist, psychologist or GP. They also feel that the wider community need to take the issue more seriously and shift their focus towards positive mental health.

There is a very strong body of opinion that current efforts in relation to young people's mental health are far too focused on suicide. There is a fear that this dominant focus adds to a self-fulfilling prophecy and the normalisation of suicide, and prevents all players from looking at the wider mental health continuum and the "up-stream" causes.

All parties call for greater focus on young people's mental health, especially the attainment of positive mental health through more of a population approach focused on prevention and building mental well-being assets. It is felt that by failing to do this, the system as it currently exists will fail to address the systemic causes of poor mental health amongst young people in Mayo.

The current system of services and supports lacks collective co-ordination and overarching strategy for the county. Concerns exist about the potential for duplication and the waste of increasingly limited resources. There is a lack of clarity on what exists by way of services and supports for young people's mental health and those who work with them.

Across the sectors, groups and communities, it is accepted and emphasised that young people must be at the heart of any redesign and development of any new initiative. All sectors need to develop their skills, knowledge and experience in terms of building young people's resilience and coping skills.

It was re-enforced time and time again that there are many excellent facilities, organisations and projects happening on the ground throughout Mayo. It was stressed that these should be utilised within the development of any future youth mental health initiative.

Recommendations

1. Establish a youth mental health support structure in County Mayo.

A highly visible, accessible, youth-led and centred dedicated youth mental health service should be located within the community, which promotes, advocates and supports the promotion and realisation of young people's positive mental health. At the heart of this support structure should be a 'triage' function in order to determine the level of support the young people need and by extension their friends, parents, schools and others. This service should focus on prevention, early intervention and supporting positive mental health and well being and resilience amongst young people.

The headquarters of this support structure should be based in Castlebar due to its central location, transport linkages and access to major support services including the hospital and acute medical care. However, it is imperative this structure should provide an outreach service to other geographical areas of the county and schools. A strategy for the development and roll-out of a support structure should be developed with input from young people and all sectors within the county.

2. Ensure the continued collaboration across and within sectors.

The collaborative approach across and within sectors should continue to further enhance communication between the sectors in respect to youth mental health and well being in the planning, development and implementation of a youth mental health support service. This should develop to include all parties involved in youth mental health in County Mayo from primary care teams, GPs, youth services, schools to other relevant services.

There should be more collaboration with young people to ensure that they are informing policy and practise across all sectors in the county including voluntary, community and statutory. This will ensure that all services in the county will become more flexible, youth friendly and accessible.

3. Support schools to further embed positive mental health and well-being initiatives within the school system and to promote a whole school approach to positive mental health.

The support structure, once established, should build on existing positive mental health initiatives through the development of a mainstream and uniform approach in the promotion of positive mental health and helping students who experience poor mental health obtain the appropriate supports.

The positive mental health and well being support programmes currently delivered in schools should not be seen as one off interventions but core to the whole school approach to youth mental health. In order to continue to build resilience and coping strategies in young people this should be at the heart of school policy, practice and ethos. Further training for principals and teachers should be provided to ensure the adoption of a whole school approach to positive mental health and well being rather than being a discretionary matter for the individual school.

4. Support the establishment of a dedicated support worker who would be available to work with the formal and informal education system.

This person should be available to the young people in order to support and guide them around an array of issues, but with a specific youth mental health promotion remit in all educational settings. The wider focus of the remit of this resource will help to de-stigmatise the utilisation of this service by the young people and support them to manage their mental health.

1. Introduction

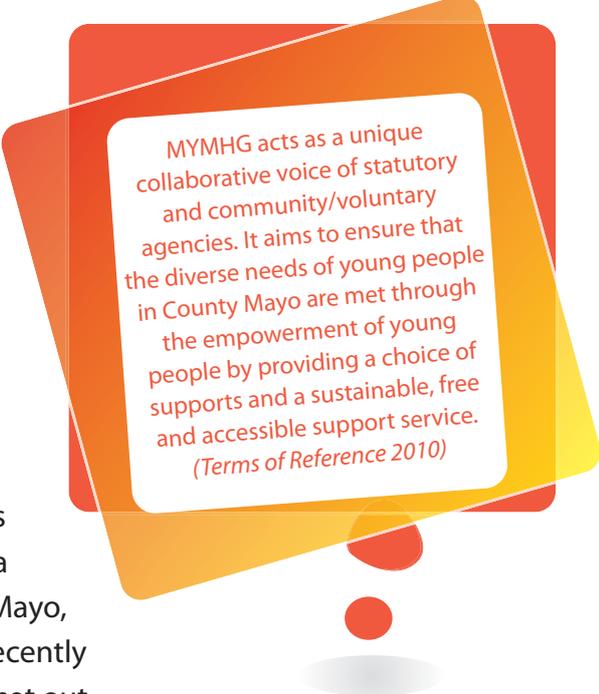
County Mayo, like many other counties throughout the Republic of Ireland and Northern Ireland, has experienced an increase in the incidences of suicide amongst its youth population in recent years. Indeed, past research on the incidences of youth and adolescent suicide captured the high occurrence in County Mayo relative to other counties in the Republic of Ireland. Connolly and Cullen¹ reviewed coroners' files for the period 1978 to 1992 relating to County Mayo. Their research indicated that the average annual suicide rate was 12.91 per 100,000 of the population, compared to 10.2 per 100,000 for all of Ireland². In response to this and recent trends (as reported by the National Suicide Research Foundation), the Mayo Youth Mental Health Group (MYMHI) was established in 2009 to promote person-centred supports which foster the positive mental health and well being of young people in County Mayo through an interagency and partnership approach.

In order to facilitate this aim, the feasibility and planning study was commissioned by MYMHI to explore the feasibility of establishing a youth mental health and well being support structure for County Mayo, similar to the Jigsaw models developed in Galway City and more recently in Ballymun, Kerry, Meath and Roscommon. Specifically, the study set out to ascertain the youth mental health needs in County Mayo based on the experiences of young people aged 14–25, service providers, communities and schools.

It aims to:

- ➔ Provide baseline data and detailed analysis of the current situation for young people in respect of their mental health needs and issues in County Mayo.
- ➔ Identify an agreed set of quantified objectives in terms of desired outcomes for young people and mental health in County Mayo.
- ➔ Provide details of current support and service provision (community and statutory) to young people in respect of their mental health and well being in the county, and identify gaps in provision.
- ➔ Examine the necessary conditions and potential design of a youth mental health and well being support structure for the county based on the research findings.

This research report explores the experiences and discourses on youth mental health. It aims to provide insights into and understanding of how these experiences may be addressed in County Mayo.



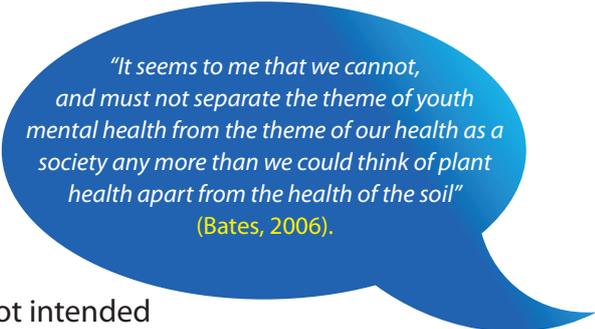
MYMHG acts as a unique collaborative voice of statutory and community/voluntary agencies. It aims to ensure that the diverse needs of young people in County Mayo are met through the empowerment of young people by providing a choice of supports and a sustainable, free and accessible support service. (Terms of Reference 2010)

¹ Connolly, J.F. & Cullen, A. (1996). 'Suicide Trends in County Mayo Ireland: A Brief Report', in: Crisis: The Journal of Crisis Intervention and Suicide Prevention, Vol. 17(4).

² Ibid.

2. Literature Review

The following section presents a review of literature which locates a number of significant positions and understanding relating to youth mental health at international and national levels. This literature review not only assisted in framing the relevant discussion for the primary research, but also contributed to and further informed the development of some of the key conclusions and recommendations. The review is necessarily selective, and is not intended to provide a comprehensive overview but to summarise critical information for the contribution to the exploration of a mental health support structure for young people in County Mayo.



"It seems to me that we cannot, and must not separate the theme of youth mental health from the theme of our health as a society any more than we could think of plant health apart from the health of the soil"
(Bates, 2006).

2.1 Setting the Context

The World Health Organisation's Atlas of Child and Adolescent Mental Health Resources: Global Concerns – Implications for the Future (2005) raises the issue that child and adolescent mental health services have not kept pace with the mounting evidence of the growing prevalence of mental health issues amongst young people the world over, and further given the recognition that poor and chronic adult mental health has its origins in childhood and adolescence (pp. 1–27). McGorry³ (2006) in "Reforming Youth Mental Health" points out: "Across the lifespan, young people aged 12–25 years face the greatest risk of the onset of potentially serious mental and substance abuse disorders, with a peak prevalence between 18–25 years of one in 4 in a 12 month period" (p. 314). In his article in Early Interventions in Psychiatry (2011) he elaborates further on the paradoxical nature of adolescent mental health vis-à-vis adolescent physical health. He asserts: "One of the greatest paradoxes of the modern world is that while material well-being and physical health have dramatically improved, the mental health of young people in transition from childhood to adulthood has been steadily declining and this from a low base." (p. 1).

Throughout the literature reviewed, there appears to be broad agreement on the groups who are most vulnerable to experiencing mental health issues, as well as on the nature of risk and protective factors. Those groups of adolescents from poor socio-economic backgrounds, minority ethnic communities, the Lesbian, Gay, Bisexual and Transgender community, the Traveller community, and children and adolescents in care are seen to be at greatest risk of experiencing a mental health issue in adolescence.⁴ Victims of domestic violence are also at higher risk of suicide than people who have not had this experience. As is the case for childhood abuse and neglect, domestic violence may result in PTSD, emotional distress, and impaired coping skills.⁵

Ethnic minority groups such as those in the asylum process and the Traveller community are at more risk of depression than the majority population. With regard to people in the asylum process, no study has been carried out on young people; however, the documented effects on the general population would suggest that young people in the asylum process are equally susceptible to mental health issues: "There is definitely a high incidence of depression among [asylum seekers]. They get more depressed the longer the wait, and most of the depression is due to idleness, which in turn causes physical and emotional isolation."⁶

³ McGorry, P. (2006). 'Reforming Youth Mental Health', in Australian Family Physician, Vol. 35(5).

⁴ Children's Mental Health Coalition (2011). <http://www.childrensmentalhealth.ie>.

⁵ Mental Health Foundation (2006). Statistics on Mental Health. <http://www.mentalhealth.org.uk>

⁶ Ruane, B. (2008) Metro Ireland article.

With regard to the Traveller Community, the All-Ireland Traveller Health Survey: Our Geels (AITHS) (2010) indicated: "While mental health services were available they were often perceived as inadequate. Travellers and Traveller advocates reported that Travellers tended not to use available counselling services, because of social stigma. They were perceived to be inappropriate for Travellers and no provision made for their specific needs."⁷

*"Here was a good listener, someone who makes you feel you're special and someone to look up to. Here was a child psychologist, who for the first time looked at the whole person rather than just looking at the part."
(Mother of a young person with Asperger's)*

2.2 Identifying Risk and Protective Factors

The literature review also identified a wide range of both risk and protective factors for young people. The following table identifies the risk factors at three levels – in adolescence, in families and in environments:

Table 1: Risk Factors

RISK FACTORS IN ADOLESCENCE	RISK FACTORS IN FAMILIES	RISK FACTORS IN ENVIRONMENTS
<p>Genetic influences, low IQ and learning disability, specific developmental delay, communication difficulty, difficult temperament, physical illness, especially if chronic and/or neurological, academic failure, low self-esteem and teenage pregnancy.</p>	<p>Poor prenatal, post-natal and early years care and development supports, overt parental conflict, family breakdown – divorce or separation, inconsistent or unclear discipline, hostile and rejecting relationships, failure to adapt to a child's changing needs, child maltreatment – physical, sexual and/or emotional abuse, domestic abuse, parental mental health problems or mental disorder, young person having caring responsibilities for a parent, parental criminality, alcoholism or personality disorder, death and loss – including loss of friendship, food, nutrients and exercise, parental smoking and alcohol consumption and other poor health-related behaviours.</p>	<p>Poverty, deprivation and exclusion, school exclusion and lack of connectedness with school, unemployment and not in training, lack of community facilities and social capital, lack of social, physical and emotional recreation opportunities, homelessness, disaster or other major trauma, perception of safety of local neighbourhood, identity, discrimination and/or bullying and stigma, other significant life events, the availability and presence of legal and illegal drugs and alcohol, lack of upholding and adhering to children's rights by all sectors of the community, and being a victim of crime.</p>

Sources: Young Minds, 2010; Heads Up Scotland, 2008; See Me Scotland, 2011; Jané-Llopis. et al., 2008; Datta, A. et al., 2010; Dillon, B. et al., 2003; Gleeson, C. et al., 2008, p.12.; DOHC, p. 45; UCD, 2010, p. 93; Bates, T., 2009, p. 3; Coughlan, H., 2010, Slide 13; Patel, V., 2007, pp. 1302–1213.

⁷ Technical Report 3 – AITHS (2010). School of Public Health, Physiotherapy & Population Science, UCD.

In addition, the literature review does indicate that young people living in rural areas face significant barriers to addressing mental health issues. *“Although statistics indicate that mental illness and suicide may be more common in urban than rural areas, these statistics should be interpreted with caution. Studies indicate that people in rural areas are less likely to disclose or seek help for symptoms of mental distress and are therefore less likely to be identified as needing help, and fewer services are available in rural areas.”*⁸ Research undertaken by Aisbett et al. with adolescents in the 15 to 17 age range who were resident in the rural cities of Horsham and Ararat in Victoria in Australia throws considerable light on the experiences of young people in rural areas who have actually experienced a mental health issue and received intervention from their local Child and Adolescent Mental Health service (CAMH). Through their research with the young people, they identified the importance of accessibility issues relating to the lack of transport and the need for young people to be dependent on other people for travel, the impact of stigma and social exclusion in terms of the negative attitudes within rural communities, rural gossip networks and social visibility in terms of being seen going in to a mental health facility and the lack of anonymity (2007).

However, the reverse of the range of risk factors is equally extensive. The Centre for Addiction and Mental Health in Canada details the following protective factors. It is acknowledged that protective factors which work for one person may not necessarily work for another, given the uniqueness of each individual’s mental health and life-stage. These include: easy temperament, adequate nutrition, good physical health, attachment to family, above-average intelligence, school achievement, problem-solving skills, internal locus of control, social competence, social skills, good coping style, optimism, sense of purpose, moral beliefs, positive values, positive self-related cognitions, religious affiliation, history of competence and success. Additionally, it appears that a positive family can present a range of protective factors to a young person, including having supportive, caring parents, family harmony, secure and stable family, small family, responsibility within the family, more than two years between siblings, supportive relationships with an adult (for a child or adult), strong family norms and morality.

Beyond the family, the school environment and wider community were also identified as playing a considerable role in the positive mental health and well being of a young person. Within the school setting the presence of the following protective factors appear to contribute to positive health and well being for the young person: having a sense of belonging, positive school climate, pro-social peer group, required responsibility and helpfulness, opportunities for some success, recognition of achievement, and availability of opportunities at critical turning points or major life transitions.

With regard to community and culture, the literature review identified the following as significant in supporting positive youth mental health and well being: economic security, sense of connectedness, attachment to and networks within the community, participation in church or other community group, strong cultural identity and ethnic pride, access to support services, and community cultural norms against violence.

To further develop the context for this report, youth mental health trends at an international level are explored in the following section.

⁸ Aisbett, D.L., Boyd, C.P., Francis, K.J., Newnham, K. (2007). ‘Understanding Barriers to Mental Health Service Utilization of Adolescents in Rural Australia’, in The International Electronic Journal of Rural and Remote Health Research, Education, Practice and Policy.

2.3 International Trends in Adolescent Mental Health

In Australia, Eckersley reports that the 2007 Australian National Survey on Mental Health and Well-being established that 26% of young people in the 16 to 24 age range experienced a 12-month disorder. Eckersley states: *“Mental disorders are the largest contributor to the ‘burden of disease’ in young Australians aged 15–24, measured as both years of life lost due to premature death, and years of healthy life lost due to disease, disability and injury”.*⁹

In the United States of America it is reported that approximately 20% of adolescents have a diagnosable

mental health disorder and that the majority of these present for the first time during adolescence. There is seen to be a strong link between the rise in mental health disorders and the suicide rate amongst young Americans. Presently, suicide is the third leading cause of death in adolescents and young adults in the US, and between

Most mental health problems (75%) are already developed by the age of 24.

Getonboard.ie

(supported by Headstrong, BeLonG To, Foróige and Reach Out)

500,000 and one million young people aged 15 to 24 attempt suicide each year.¹⁰ With respect to the United Kingdom the Mental Health Foundation in 2006 estimated that *“one in ten children between the ages of one and 15 has a mental health disorder...”* and *“estimates vary, but research suggests that 20% of children have a mental health disorder...”* A study reported by NICE, the National Institute for Health and Clinical Excellence, establishes that in the region of 75% of children experiencing depression do not receive treatment and go undetected in the community.¹¹ This is especially significant given the widely asserted fact that the vast majority of episodes of mental illness and poor mental health in adulthood have their basis in youth.

At a European Union level it is recognised that the majority of young people report good mental health. However, the number of those who report mental health problems is rated at 10%–20%, increasing amongst those individuals, groups and communities who are experiencing disadvantage, are discriminated against, and quite often are excluded from the mainstream of society.¹² Figures suggest that only 10%–15% of young people who experience a mental health problem in Europe actually get help from the current child mental health services within their country.

‘Turning the Tide of Suicide: Helping to Prevent Suicide through Research, Intervention and Support’ highlights the fact that suicide is the single biggest killer of young men in Ireland, higher than cancer and road deaths.

The following section examines the Irish experience of youth mental health. It highlights a selected number of known trends and draws upon the significant body of evidence that has been built up in recent years in the Irish context.

⁹ Ibid., p. 8.

¹⁰ Modern Medicine (2010) Adolescent Mental Health in the United States. <http://www.modernmedicine.com>.

¹¹ NICE (2005). Cost-impact Report: Clinical Guideline 28 Depression in Children and Young People.

¹² Jané-Llopis, et.al., 2008; Mental Health Europe, 2008; European Pact for Mental Health and Well-being.

2.4 Focus on National Trends

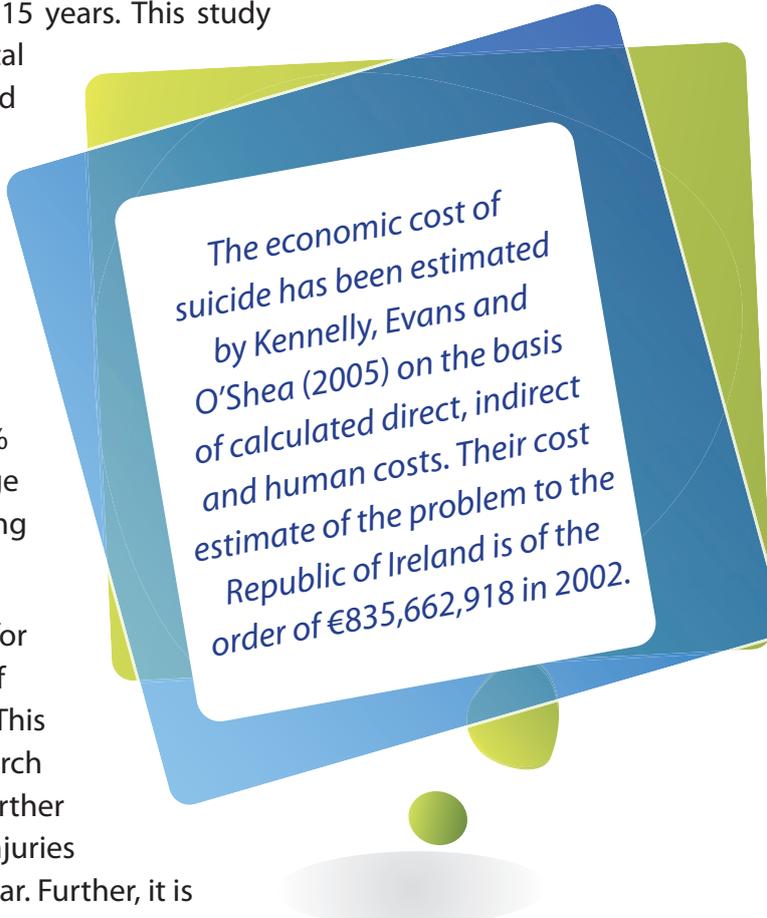
Illback et al. (2010) present a robust and comprehensive overview of the nature and extent of mental health, well being and ill health among young people in Ireland. In their article they draw attention to a study in Clonmel that assessed 1,589 adolescents in County Tipperary, which found that 21.1% of 12–18 year olds met the criteria for at least one psychological disorder. Of the 21.1%, those presenting a clinical risk equated to one fifth. The authors demonstrate the significance of the existence of risk factors for those young people identified as well as the fact that the majority of them were not receiving professional help¹³ (p. 424).

Another study reported by Illback et al. (2010) relates to work by Lynch, Mills, Daly and Fitzpatrick in Dublin within 8 schools with 723 young people aged 12 to 15 years. This study found that 19.4% were at risk of developing a mental health disorder. Of these young people, 12.1% expressed possible suicidal intent and 45.7% suicidal ideation.¹⁴ Of a total survey population of 3,380, 26.9% of young people aged 15 to 17 years old within 39 randomly selected schools in Counties Cork and Kerry were found to have serious personal, emotional, behavioural or mental health problems. Only 17.8% of the young people identified as having a problem were able to access help. Further, within this sample, 12.2% reported that they had harmed themselves at some stage in the past year and 21.6% had thought about harming themselves in the past year.¹⁵

The National Office for Suicide Prevention in its report for 2009 comments on the worrying trend in the growth of suicide in 2009 to a figure of 527, up from 424 in 2008. This represented a 24% increase. The national Suicide Research Foundation suggested that underneath this figure, a further 11,000 persons (approx.) present to hospital A&Es for injuries experienced as a result of deliberate self-harm every year. Further, it is estimated that a further 60,000 cases of deliberate self-harm go undetected or hidden.

The National Office of Suicide Prevention (NOSP) suggests that the increase in suicide in Ireland over this two-year period is consistent with international research which indicates a link between economic recession and a growth in suicide numbers. It refers to the results arising from the Deliberate Self-harm Registry, which showed considerable growth over the same period. According to recent figures, the increase continues. In April 2011, the National Office for Suicide Prevention reported the Central Statistics Office (CSO) quarterly suicide statistics for the second quarter in 2010. The figures illustrate that there were 127 deaths from suicide registered with the CSO in this period. Of these 127 deaths, 102 were male and 25 female. In the same period in 2009, 122 deaths were registered, 94 male and 28 female (NOSP, 2011).

These trends also have significant implications for the economy. NOSP states that *“The impact of the*



The economic cost of suicide has been estimated by Kennelly, Evans and O'Shea (2005) on the basis of calculated direct, indirect and human costs. Their cost estimate of the problem to the Republic of Ireland is of the order of €835,662,918 in 2002.

¹³ Illback, R., Bates, T., Hodges, C., Galligan, K., Smith, P., Sanders III, D. & Dooley, B. (2010). 'Jigsaw: Engaging Communities in the Development and Implementation of Youth Mental Health Services and Supports in the Republic of Ireland', *Journal of Mental Health*, Vol. 19(5). ¹⁴ *Ibid.*, p. 424. ¹⁵ *Ibid.*, p. 424.

economic downturn in 2008, and particularly in 2009, has led to substantial increases in both self-harm and suicide numbers".¹⁶ In a press briefing to the media on the occasion of the launch of "A Vision for Change", the HSE set out the cost of mental ill health to the Irish economy by extrapolating from estimates for Northern Ireland:

*The economic costs of mental health problems are also considerable. These were estimated to be at least 3–4% of GNP across the member states of the EU12. The total financial cost of mental ill health in Northern Ireland has been estimated at Stg £2.8 billion (approximately €3.7 billion). The Northern Ireland costs of mental illness translated to the Republic of Ireland on a pro rata population basis would suggest a total annual cost of mental ill health of €11 billion.*¹⁷

A study by Knapp et al. in 2000 suggested that approximately 30% of children and young people will recover fully within the first three months of experiencing a depressive episode. Of the other 70% however, without effective treatment, depressive morbidity may persist into adulthood (2000). NICE therefore asserts that early effective treatment will reduce healthcare costs far beyond childhood.¹⁸

2.5 Conclusion

This brief literature review has drawn attention to a number of key issues relating to young people's mental health, not just in Ireland but internationally. Those groups of young people most at risk of poor mental health are well recognised, as are the risk and protective factors which precipitate an individual's particular level of mental well being. It is acknowledged that the risk and protective factors exist not only within the young person, but within their surrounding family, community, school, culture and societal norms. Whilst the physical and material well being of young people in westernised nations and in the less developed economies has grown considerably, there has been a corresponding decline in their mental and emotional well being, with significant and worrying increases in deliberate self-harm and suicide. This trend is especially pertinent within the context of the Republic of Ireland.

At the heart of young people's mental health is the existence of a very real anomaly. When young people most need help and support to navigate their way through adolescence with its significant mental health challenges, they are the group least likely to be able to avail of services and supports to help them address their poor mental health and to build positive mental health. There appears to be a lack of appropriate supports and services, which has serious consequences for the young people concerned, with the vast majority going undetected and untreated. As a result, these young people will likely experience the development of chronic mental health issues into adulthood.

Research in the Republic of Ireland has shown the prevalence of poor mental health amongst Ireland's young people, which accords with the experience internationally. The Republic of Ireland currently has a favourable policy context within which to develop new ways of working for young people's mental health, especially ways which are consistent with the growing interest and practice toward positive mental health and a systems approach.

In order to provide a local context, the following section provides an introduction to County Mayo, with particular reference to its unique rural context, its population and its current resources.

¹⁶ NOSP, 2010, p. 2. ¹⁷ HSE, 2006b. ¹⁸ NICE, 2005, p. 6.

3. Profile of County Mayo

This section of the report sets out to present, as succinctly as possible, the output generated as a result of both the extensive review of secondary data relating to County Mayo and the multi-method consultation process. This element of the report seeks to build an impression of the local context within which this feasibility and planning study has been undertaken. It takes a brief look at the geography and demography relating to County Mayo. It also seeks to establish the relative size of the population of young people in County Mayo and the levels of suicide and deliberate self-harm experienced by young people. In addition it attempts to present the resources that are currently available for young people's mental health in County Mayo.

3.1 Profile of County Mayo

County Mayo is located on the west coast of Ireland and is bordered by counties Sligo to the east, Roscommon to the east and south-east, and Galway to the south. It has an area of 2,159 square miles or 558,605 hectares, which equates to approximately 10% of the entire land area of the Republic of Ireland. In 2006, County Mayo had a population of 123,839 persons, which represented 2.92% of the entire population of the Republic of Ireland. In the period from 2002 to 2006, the county's population increased by 5.4% or 6,393 persons.

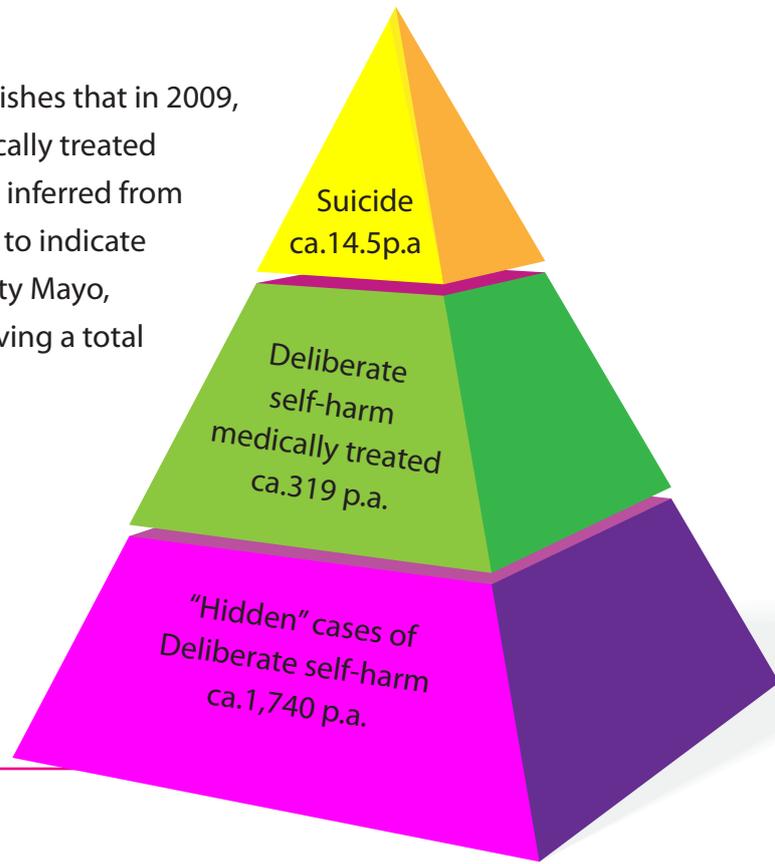
County Mayo is highly rural in nature, with a highly dispersed nature of recognised urban settlements. Castlebar is the largest urban centre in the county. The least densely populated areas are in the north-west, west and south-west, with populations under 10 persons per square kilometre. In the areas that immediately surround the urban centres, population densities rise to 10 to 24 persons per square kilometre. County Mayo is extremely rural, with 71.2% of its total population living in aggregate rural areas, whilst the remainder live in aggregate urban areas. These figures represent a complete inverse of the national figures, which are 39.3% and 60.7% respectively.

The vast majority of County Mayo's young people live in the rural aggregate area: 76% (9,657) of 12 to 18 year olds live in the recognised rural aggregate area, compared to 24% (3,020) who live in the recognised urban aggregate area.

3.1.1 Incidences of Suicide and Self-harm in County Mayo

According to the Central Statistics Office (CSO) when considered in terms of deaths by suicide per 100,000 of the population, County Mayo has recorded 16.1 in 2010, 10.0 in 2009 and 7.7 in 2008. For the first quarter of 2011 (January to March only) deaths by suicide per 100,000 of the population was recorded at 9.2. If gender is taken into account, the male rate per 100,000 of the population was 9.2 in 2008, 13.7 in 2009, 27.5 in 2010 and in the first quarter of 2011 12.2. In 2010, the year with the most complete male death rates by suicide per 100,000 population there was a 56% increase between 2009 and 2010. The female rate was 6.2 in 2008, 6.2 in 2009 and 6.1 in 2010 and 8.2 for the first quarter of 2011. This marks an increase in 2011. The overall rise in deaths by suicide in County Mayo is at odds with the overall state trend, which evidenced a decline from 11.4 in 2008, 11.8 in 2009, 10.9 in 2010 and 8.5 in the first quarter of 2011. This represents an 8.4% decline, compared to Mayo's 61% increase in deaths by suicide per 100,000 of the population (CSO, 2011, p. 51).

The National Suicide Research Foundation (2010) establishes that in 2009, there were a total of 410 deliberate self-harm and medically treated episodes in County Mayo. This is 28.5% higher than that inferred from the NSRF triangle. If the same percentage uplift is taken to indicate potential "hidden" cases of deliberate self-harm in County Mayo, 495.9 can potentially be added to the figure of 1,740, giving a total of 2,234 for the county.



The National Suicide Research Foundation Triangle

3.2 Current Supports for Young People

A range of training has been delivered to service providers in County Mayo over the last eight years resulting in a community infrastructure of support in respect to suicide prevention. Between 2004 and June 2011, 601 people have been trained in ASIST (First Aid Intervention Skills). Between 2008 and June 2011, 98 people have been trained in SafeTALK (Education and Training Programme on Suicide Awareness and Alertness) and since 2005 to June 2011 81 people have been trained in STORM (Skills Training on Risk Management). There also exists a wide variety of services in the county that have an interest or role in the development and well being of young people. The services include mental health promotion, suicide prevention and suicide post-vention activities.

Table 2: Existing Supports and Services

SERVICE

DESCRIPTION OF SERVICE

Child and Adolescent Mental Health Service (CAMHs) (HSE)

This is a multi-disciplinary community-based specialist service covering County Mayo. Referrals are made via the GP for young people up to the age of 16 years who are experiencing mental health difficulties and require psychiatric assessment. CAMHs offer assessment, intervention and therapeutic service to families and young people. It is expected that a north Mayo team will be in place in 2012.

Community Psychology Service for Children and Adolescents (HSE)

This service is a county-wide primary care service for children and adolescents under the age of 18 years. There are currently eight psychologists in the team, six in generic roles and two in specialist roles. Referrals are accepted from a wide range of sources including parents, GPs, public health nurses, other community and hospital-based professionals, schools, and from older adolescents themselves with parental permission. In addition to individual assessment and intervention, psychologists in the service provide a variety of other services including training to parents, community groups and other health professionals, consultation to other health professionals, and service development initiatives.

Adult Mental Health Service (HSE)

This service provides both inpatient and outpatient community-based secondary services. For the purposes of service delivery, the county is geographically divided into five sectors, each of which has a multi disciplinary team composed of a consultant psychiatrist, registrar, occupational therapist, social worker, clinical psychologist, addiction counsellor and nursing staff. The service is for clients 18 years and upwards.

Liaison Psychiatry Service (HSE)

The A&E of Mayo General Hospital comprises a registrar psychiatrist on call (24 hours) and two advanced clinical nurse practitioners who provide comprehensive assessment to inform a care plan. The latter have access to the relevant sector psychiatrist, the operational psychiatrist or the psychiatrist on call (24 hours). While the psychiatry cover is 24 hours, the two ACNPs provide services from 9am to 5pm Monday to Friday.

HSE Child and Family Social Work Department

The Social Work Department promotes the welfare and safety of children living in County Mayo. It works in partnership with families and communities and offers family support, children protection, and alternative care for children where parents are unable to manage.

PCCC (Primary, Community and Continuing Care)

Primary Care Teams have been developing in County Mayo in accordance with the National Primary Care Strategy (2002) and the national plan for Primary Care Team development in recent years. There are now 12

geographic Primary Care team areas. Primary Care teams are now recognised by the HSE as being key units of service delivery of the vast majority of health and social services.

Neighbourhood Youth Projects

There are three Neighbourhood Youth Projects (NYPs) in Mayo, based in Castlebar, Ballina and Westport. NYPs have a joint management structure and are a partnership between Foróige and the HSE. They are community-based adolescent and family support services with a particular emphasis on working with young people (10–18 years) who are experiencing (or at risk of experiencing) personal or social difficulties. The projects provide a community-based family support service to young people who are identified as being at risk. The service aims to intervene before these young people require support at a more intensive level (i.e., care order, homeless, etc). The NYPs delivers their service in four main areas – preventative support work, intensive support work, community based youth work and family support work. The intensive support work delivered by the projects aims to target young people whose specific circumstances identify them as already engaged in “at risk” behaviour.

Maple Youth Centre

This service is located in Bowgate St., Ballinrobe and provides supports to young people aged 12–18 who are living in the south Mayo area. There is a drop-in support service operating on Wednesday, Friday and Saturday 4.00–7.30pm.

Westport Family Resource Centre

This service in conjunction with HSE Child & Adolescent Psychology, Suicide Resource Officer, Substance Misuse Counsellor, Westport NYP delivers a mental health programme for 15–18 year olds (MindOut in a youth setting and schools, an adolescent counselling service, parenting seminars, and arts-based mental health programmes. In addition the service provides a family support worker service and an adult counselling service, and is developing a “Raising Spirits” campaign and a series of positive public talks. Westport Family Resource Centre also oversee the management of the Cove Youth Café.

Family Resource Centres (Ballinrobe, Ballyhaunis, Ballina, Castlebar, Claremorris, Kilmovee, Westport)

The Family Support Agency under the Dept. of Children and Youth Affairs core funds 107 Family Resource Centres in local communities around Ireland, as part of the Family and Community Services Resource Centre (FRC) programme. The aim of the FRC programme is to combat disadvantage and improve the function of the family unit. The FRCs in Mayo (and Galway) have been funded by NOSP to engage a worker to develop and deliver a suicide prevention programme.

Mayo Children’s Initiative (MCI)

MCI - modelling change of families, creating change for children, inspiring change for society for children and young people living with domestic abuse and family conflict in Ireland - addresses the needs of

children living with domestic abuse and family conflict. It delivers an early intervention programme and therapeutic interventions to children and young people who have experienced domestic abuse, to help them process their experiences.

No Name Club

No Name Clubs are run by and for young people aged 15+ who come together in a safe and lively environment where there is fun, friendship and enjoyment without the pressure of alcohol or other drugs.

Mayo Suicide Prevention Working Group

This working group broadly represents all the different agencies and community groups involved in mental health promotion and suicide prevention in County Mayo. It aims to heighten and raise awareness of mental health promotion, suicide prevention and suicide post-vention activities in the County and co-ordinate information sharing.

The Local and Community Development Programme (Iorras Le Cheile Belmullet, Corr Acla, Achill)

This support programme aims to tackle poverty and social exclusion through partnership and constructive engagement between government and its agencies and people in disadvantaged communities. The focus of the work is with individuals, families and groups to ensure their inclusion and full participation in society.

HSE Community Substance Misuse Counsellors

The service is open to young people having problems with drugs and also under-18s having problems with alcohol, it is not open to over-18s who have a problem with alcohol, as there is already a service available for them. It is a confidential service that has direct access; referral is not required. The service is also open to family members and friends who are affected by other people's substance issues.

South West Mayo Development Company Ltd

This is a Local Integrated Development Company, supporting communities and individuals throughout south and west Mayo. This development support is provided by the management through delivery of a number of programmes and activities in the company's area of operation. The Local and Community Development Programme (LCDP) aims to tackle poverty and social exclusion through partnership and constructive engagement between government and people in the most disadvantaged communities. Funding from the LCDP and Rural Development Programme 2007–2013 (LEADER) administered through SWMDC has supported a number of positive mental health initiatives and youth services with a focus on young people's mental health and well being. Examples include Ballinrobe Youth Centre, Claremorris No Name Club, Foróige clubs, Family Resource Centres and Neighbourhood Youth Projects.

Western Region Drugs Task Force (WRDTF) Community Liaison Worker for Mayo and Roscommon

The WRDTF has funded projects that support and assist in the implementation of the new WRDTF strategic plan The Way Forward 2011–2014. Funded projects include the post of Community Liaison Worker and the post of Drugs Education Support Worker for Mayo and North Roscommon hosted by SWMDC. The rationale for the

Community Liaison Post comes from the community development process, which is seen as an effective mechanism to develop local initiatives in tackling substance misuse issues. The aim of the Drugs Education Support Worker is to promote the health and well being of young people, parents and communities in Roscommon and Mayo by providing drug and alcohol education services.

Co Mayo VEC Youth Officer

This post promotes, supports and co-ordinates the development of voluntary youth clubs and youth services in the county in response to the changing needs of young people. It administers grant aid to voluntary youth clubs and strives to promote and deliver the highest quality service to young people by encouraging youth clubs and projects to reflect on their practice – stressing the importance of effective planning, training and supervision.

ISPCC Services in Mayo

The overall aim of ISPCC services is to build coping skills and psychological resilience in children, young people and their families. The service in Mayo delivers Childfocus and Teenfocus, which provide one-to-one weekly support for children and young people who are experiencing emotional or behavioural difficulties. Sessions are offered in the child's home, school or an appropriate place such as a family resource centre. The support is offered throughout Mayo and referrals can be sent by parents, teachers, professionals such as social workers, or by young people themselves. It also offers Parent and Child Mentoring services by trained volunteers who offer informal support and act as a role models to the parent or child. Support is offered from six months to one year. In addition, Childline is a national free phone, text and web listening service for children and young people. It is available 24 hours a day, 365 days a year.

Youth Action Castlebar and Ballina

This is a community-based project which involves young people in developing their potential. It is part of a nationwide network of Garda Diversion projects. YAC aims to divert young people away from possible involvement in criminal and anti-social behaviour, and offers interventions to young people who are involved or at risk of becoming involved in: crime, drug & substance misuse, vandalism or anti-social behaviour.

The optimum age for participants is 12–18 years old. Young people who participate in YAC will be involved in a variety of programmes and activities. These may be based on one-to-one work or in a group setting. All of the programmes are aimed to facilitate behavioural and attitude change. The activities reflect the interest of the participants as much as possible.

Mayo North East LEADER Partnership Teoranta
(trading as Mayo North East)

Established in June 2008 as an integrated LEADER Partnership company. It manages various programmes on behalf of several government departments and the EU for the collective benefit of the people and communities of north and east Mayo. Activities that are related to Youth/ Youth Mental Health include:

- Family Support Worker funded by the Health Service Executive.
- Ballina D.E.I.S (Delivering Equality of Opportunity in Schools) Band 1 Primary/Secondary Schools Nurture Group.
- Incredible Years Programme in Ballina D.E.I.S. Band 1 Primary School.
- Moy Sports Forum Ballina.
- Parkside Community Garden Ballina.
- Neighbourhood Youth Project Ballina – Group for Young Mothers Initiative.
- Community Education Projects for Travellers in Ballina.

These activities are funded by Mayo North East LEADER Partnership Company Local and Community Development Programme and often with a multi-agency collaboration.

School Completion Programme (SCP) (South Mayo SCP and North Mayo SCP)

SCP is a Department of Education and Skills initiative, which aims to have a significant positive impact on the numbers of pupils who successfully complete post-primary school. The programme operates in D.E.I.S. schools and offers supports and interventions during school, after-school and during school holidays to students who are at risk of early school leaving and supports students who are out of school. The programme provides a range of educational and personal supports to students, which include initiatives to promote Positive Mental Health in partnership with the school staff and other agencies involved in Positive Mental Health Promotion in County Mayo. The SCP staff also provides individual support to students who may experience poor mental health and liaises with other agencies to assist these students when necessary. There are two School Completion Programmes in County Mayo, which are administered by County Mayo VEC and work with eight primary schools and three primary schools.

SPHE

Social, Personal and Health Education (SPHE) is delivered by teachers to the junior cycle in secondary schools in County Mayo and supported by the Department of Education and Skills.

MindOut

This programme is a twelve session mental health promotion training for trainers programme which takes a positive approach to the promotion of emotional and mental health among young people in the School and Out of School setting targeting post junior certificate level students. It views mental health as a resource for everyday living and its emphasis is on various ways young people might cope with life's stresses and ups and downs. MindOut is implemented within a wider personal development context within the school or youth setting. Training is provided by Health Promotion Services HSE West in partnership with Mayo VEC Youth Office. Between October 2009 to August 2011 40 people have been trained in County Mayo.

Health-Promoting School (HPS)

In a Health-Promoting School (HPS), health – physical, social and emotional – is seen as an essential resource for living life well and not just an end to be achieved. The HPS strives to make school a positive experience for all who visit, learn and work there, by paying attention to health in all areas of the school. The HPS initiative is not so much about a goal to be achieved, but rather is a process that evolves and grows with the ever-changing life of the school. This programme has been offered to all second levels schools in Co Mayo. Assistance in the process of becoming a Health Promoting school is provided by Health Promotion Services, HSE West.

National Educational Psychological Service (NEPS)

This service supports the personal, social and educational development of all children through the application of psychological theory and practice in education. The service is organised on a regional basis, with psychologists being assigned to a group of schools. The NEPS service has an office located in Thomas Street, Castlebar. One senior psychologist and four psychologists operate from this facility serving the schools of County Mayo.

Mental Health Ireland

The “Mental Health Matters” pack has been sent to every second level school in County Mayo. Teachers have been trained to facilitate the delivery of the modules. Teacher training is provided by Mental Health Ireland and the SPHE team. Further teacher training is to be held again. The schools who participate in the MHI Public Speaking project all use the pack. The uptake for this programme has been very good in Mayo. MHI is now targeting youth clubs and GMIT for mental health training using this programme.

Mayo Intercultural Action (MIA)

The mission of MIA is to promote the positive effects of interculturalism and the meaningful participation of migrants and their families in all aspects of the community in County Mayo. MIA’s role is:

- To provide support and advocacy for migrants living and working in County Mayo.
- To give a voice to asylum seekers who are in hostel accommodation in County Mayo under Direct Provision.
- To help people who have been granted residency in the County to find opportunities for training, education and employment.
- To offer a safe and welcoming space where people seeking a new life in Ireland can take part in social activities, meet people in a similar situation and be informed about their rights and entitlements.

MIA works with migrant youth, including young people who are asylum seekers, refugees and migrants, to promote their well being and integration. The service liaises with other youth organisations and work in partnership to organise specific youth initiatives to meet the needs of migrant youth.

Mayo Mental Health Association

Mayo Mental Health Association's main aims and objectives are to promote positive Mental Health throughout the County and to assist persons who experience mental health problems.

The Association plays a key role in mental health promotion in County Mayo through school-based projects and mental health information projects. It promotes mental health awareness through a variety of methods including the Mental Health Ireland National Public Speaking project for students in second level schools; " Art Poster Competition for primary schools;" " "Mind Yourself" annual conference;" " Befriending Project;" "Living Links;" The Association sponsors training for volunteers to provide support for families bereaved by suicide.

Sligo/Mayo Initiative for LGBT Youth (SMILY)

SMILY is a support for young lesbian, gay, bisexual and transgender young people in the Northwest. Meetings are held regularly in Ballina and Sligo. The groups offer facilitated peer-led support through activities, networking events and other projects. SMILY is affiliated to BeLonGTo LGBT Youth Services and North Connacht Youth Services. SMILY is steered by a consortium made up of 12 statutory and community agencies who oversee the development and sustainability of the groups. Young people can contact the service on 0871802672 or through www.belongto.org.

Mayo Travellers Support Group (MTSG)

Mayo Travellers Support Group (MTSG) is a partnership of Travellers and the majority population. It was established to work with Travellers to take a leading role in transforming our society into one which respects the rights of all its citizens to live in equal partnership.

MTSG has 2 Primary Health Care Projects in Ballina and Castlebar. Together they employ 11 Community Health Workers. Their role is to make information on health and the determinants of health more accessible to the Traveller community and to work with health service providers to make their service more accessible to Travellers. MTSG also provides an after school service for National School age children that aims to support children's learning in a holistic way; this is a Traveller led initiative that is run by volunteers and it is hoped that the service will be extended to work with young people. MTSG works with Young People to provide support and training and through community projects. They also provides community development outreach work in which we work with Traveller families to provide support and information in areas such as accommodation, education, training and discrimination.

North Mayo Youth Project

North Mayo Youth Project, based in Ballina provides community based youth work for 7-18year olds around social isolation and rural disadvantage. It aims to promote awareness of the needs of young people of North Mayo and develop a more structured and cohesive youth service to meet these needs. This enables these young people to take greater control of their lives and enables them to play a more active part

in their community. NMYP operate an activity programme working with small groups of young people to increase their confidence, knowledge and self awareness and to develop social and practical skills.

Choose Life - Reach Out

This service was established in Ballina in 2007. It is a voluntary multidisciplinary group comprising: Gardaí, GAA, Clergy, Mayo County Council, HSE health professional, HSE Resource Officer for Suicide Prevention, community representatives and members of the public. The group's focus is to build capacity in Ballina and surrounding areas by supporting communities including young people in encouraging resilience in difficult times. This is achieved by promoting awareness, training and education on mental health and suicide prevention at local level within the community.

The Edge Project, HSE

This is a voluntary Family Support service set up by Mayo PCCC to work with young people (10–17 years) who come under the auspices of the Children's Act, 2001. This cohort of young people presents with challenging and high-risk behaviours. The services accept referrals from all allied professionals and it covers the whole of County Mayo.

Foróige

Foróige is a leading national voluntary youth organisation, which has been enriching the lives of young people and communities since 1952. The fundamental purpose of the organisation is to "enable young people to involve themselves consciously and actively in their own development and in the development of society". Foróige, provides a comprehensive range of youth work services through the operation of Foróige Clubs, Local Youth Development Projects, Youth Cafes, and the Big Brother Big Sister Mentoring Programme and Young Mothers Groups. This multi-pronged approach enables the organisation to meet the developmental needs of young people in general aged 10 to 21 and in particular circumstances to focus on vulnerable young people with specific needs.

Big Brother Big Sister of Ireland

This service is hosted in Ireland by Foróige National Youth Development Organisation. Big Brother Big Sister matches a caring adult volunteer to a young person aged 10 to 18 years. By meeting each week, over the course of a year, it is hoped that the adult will become a positive role model and supportive friend for the young person. There is a BBBS Project Officer in Castlebar and one in Ballina.

Comhairle na Óg

Comhairle na Óg are overseen and part-funded by the Department of Children and Youth Affairs. The Department of Children and Youth Affairs has the lead role in ensuring that children and young people in Ireland have a voice on issues that affect their lives. Delegates from Comhairle na Óg are elected to represent their local area at the annual Dáil na nÓg

(National Youth Parliament). Comhairle na Óg in Mayo is operated by the Mayo County Development Board and supported by Foróige.

Resource Officer for Suicide Prevention HSE West (Galway, Mayo and Roscommon)

The primary role of the Resource Officer for Suicide Prevention is the co-ordination and implementation of the national suicide prevention strategy at local and regional level (Galway, Mayo and Roscommon). This is known as the Irish National Strategy for Action on Suicide Prevention, 2005 – 2014. Resource Officers for Suicide Prevention are employed by the Health Service Executive (HSE) and work closely with a range of services within the HSE, as well as statutory, voluntary and community groups. They also work in partnership with the National Office for Suicide Prevention to shape the development of suicide prevention in Ireland. Resource Officers provide and distribute information on support services and resource materials. They are also involved in co-ordinating the delivery of education and training programmes on suicide awareness, alertness (safeTALK), First Aid Intervention Training (ASIST), Skills Training on Risk Management (STORM) and Understanding Self-Injury programmes.

Curam Clainne (Family Life Services)

Family Life Services is a “not-for-profit” Community organisation that provides a range of services to the community. Their main work concerns itself with Adult Counselling. At present ten counsellors work in the Centre. Services that are available to people under 18 years of age include a Counselling service which is targeted as specifically as possible on the age group between 16 and 18 years. Their resource for this work is quite limited, however. They also work with young people in family therapy settings from time to time and often work with young people where there is negative family conflict. One of their counsellors is based in a local secondary school one day each week. The service also has a project called the “Family Life after Separation Project” where they work with families that have separated or are separating. The services also provides for support for young people through their Rainbows programme where a young person is affected by the death of somebody close to them or through loss by family separation.

General Practitioners (GP’s)

GP’s are available to young people and their families at a local level throughout the county.

3.3 Summary

Mayo is a large and predominantly rural county with exceptionally low population densities, with 76% (9,657) of Mayo's 12 to 18 year olds living in recognised aggregate rural areas, compared to the remaining 24% (3,020) who live in recognised aggregate urban areas.

In 2009, Mayo recorded 13 suicides. However, 2010 presents a substantially worsened situation, with the number of recorded suicides in County Mayo at 21. This equates to a 62% increase in the absolute numbers of death by suicide in Mayo from 2009 to 2010. There were a total of 410 deliberate self-harm episodes medically treated in Mayo in 2009.

The research process identified a wide range of supports and services available to young people, communities and organisations. However, in reviewing the resources available, the research identified two critical gaps. Firstly, there is no one access point into services and supports for young people in County Mayo and for those who care for them or work with them in a professional or voluntary capacity. Secondly, there is no out-of-hours youth facility which addresses the needs of those young people who are at risk, especially outside of normal working hours.

The remaining sections of this report will concentrate on outlining the research process undertaken and the findings arising from the consultation process.

"Tell parents and older people what is happening and they need to cop on and listen!"

Research Participant

4. Qualitative Research Findings

In order to capture a thorough understanding of the experiences of young people, their families, communities and the services that support youth mental health in County Mayo, a research approach that was primarily qualitative in nature was designed. This section of the feasibility study outlines the methodology employed and the findings arising from each stakeholder group – young people, service providers and communities. The findings are based on a series of interviews, focus groups, and questionnaire surveys, combined with observations and documentary analyses. It proved to be highly effective in engaging the necessary stakeholders in order to address the key questions which underpinned this study.

4.1 Consultation with Young People - Methodology

All the young people who participated in the research were aged between 14 and 25 years. The research questions centred on their thoughts, feelings, perceptions and ideas around mental health and well-being issues, supports and services for young people in County Mayo. The following table summarises the research methods used.

Table 3: Methodology: Young People

METHOD	LOCATION	RESPONSE RATE
1. The "Warwick-Edinburgh Mental Health and Well-being Survey"© (An instrument of measuring young people's population mental health and well being).	Survey administered online.	A randomly selected sample of 10 (36% of a total of 28) post-primary schools from across County Mayo.
2. Focus groups (school-based): Semi-structured creative and innovative focus groups were conducted in the 10 schools who participated in the preceding online positive mental health questionnaire.	<ul style="list-style-type: none"> • St. Joseph's, Foxford • Jesus and Mary Secondary School Gortnor Abbey, Crossmolina; • Our Lady's Secondary School, Belmullet; • Mount St. Michael, Claremorris; • St. Brendan's College, Belmullet; • St. Joseph's, Castlebar; • St. Tiernan's College, Crossmolina; • Carrowbeg College, Westport; • St. Louis Community School, Kiltimagh • Colman's College, Claremorris. 	A total of 305 young people took part in the focus groups in the schools.
3. Community Workshops: A series of ten youth community workshops with young people, parents, and organisations.	Ballinrobe, Belmullet, Ballina, Ballyhaunis, Castlebar, Kiltimagh and Killmovee/Claremorris.	A total of 98 young people attended these community workshops.
4. Individual Life Stories: A series of in-depth interviews with young people who had experienced a mental health issue.	County wide	In total, 7 life-stories were captured. The output of the individual life stories has been used to inform the findings, conclusions and recommendations.

This section presents the key findings which emerged from the analysis of the responses from 305 young people on their understanding and experience of supports for young people in respect to mental health. It also identified the elements required to improve youth mental health in the county.

4.2 Young People - "The Warwick-Edinburgh Mental Health and Well-Being Survey" Results

In total, 305 questionnaires were obtained from students aged 15–18 years in 10 schools across Mayo, in which there were a total of 380 students. The overall response rate was 80.3%. There were slightly more female participants than male, with the majority of them 15–16 years of age. Most of the participants were currently living in households with both of their parents. The summary findings are as follows:

- ➔ Over eighty percent (81.6%) of the students described their community as rural. Furthermore, the majority of participants reported living more than 10 miles from Castlebar. Most students (85.8%) cited it as being easy to access Castlebar. However, almost 15% (14.2%) described it as difficult or impossible.
- ➔ Coping scores rose with increasing age among the students. Regarding distance to Castlebar, those living 11–20 and 21–30 miles scored below average, while those living closest scored the highest (16.6). There was little difference in scores between those with easy access to Castlebar and those with difficult or impossible access.
- ➔ There were some significant differences between males' and females' coping mechanisms. Young males are more likely to have a lower coping scale score than females. Their respective scores are 15.6 and 16.8. Males are three times more likely than females not to speak to someone about their worry. If a student was worried or upset, males were three times more likely than females to never talk to someone as a means of resolving their worry. Over 40% of females (43.2%) reported they would often talk to someone if worried, in comparison to just 18.3% of males.
- ➔ For both genders, over 80% reported they would sometimes or often blame themselves for their worry or upset, with females doing so more often. Over 90% of males and females reported that they would sometimes or often get angry as a means of coping, with this mechanism again being more commonly used among females.
- ➔ Over half (51.7%) of males reported that they would never stay in their room as a means of dealing with their worry or upsets. In comparison, twice as many females employed this mechanism.
- ➔ Over 70% of both males and females reported that they would never use alcohol to cope with their worries or upsets, with the figure being slightly higher for females. Males were more likely than females to use alcohol to cope, with 29.2% of males and 23.5% of females reporting they would sometimes or often use alcohol to cope with their worries.
- ➔ High numbers of males and females reported that they would sometimes or often try to ignore their worries. The majority of both males and females reported they would often use this method to cope with worries, with most of the remainder reporting they would do this sometimes (M: 41.7%; F: 37.2%). Finally, over a quarter of males and females (M: 30%; F: 34.4%) said they would use other mechanisms to deal with their worry.

→ The student sample population performed better in terms of those statements which related to their sense of feeling loved and being able to make up their own mind. However, the weakest performance by the student sample was in relation to their perception of being confident, useful and having spare energy over the two weeks prior to their completing the survey. Overall, the average positive mental health score was 50.1 on a scale of 14 to 70 for the young students.

→ Young people who live with both parents have a statistically significant higher positive mental health score than those living with a single parent or reporting other circumstances.

→ Those who report access to Castlebar being easy or okay also report a statistically significant higher positive mental health score.

The following section outlines the responses to the questions initiated by the researchers in the school workshops.

4.3 Young People - School Workshops Results

The findings from the workshops indicated that the majority of the young people felt that mental health was an issue which was of low to medium importance to young people as they go about their lives. When asked to consider how important they felt mental health should be to young people presently, the vast majority indicated that they would like to see it being of high importance.



"Everything is always swept under the carpet."
Research participant

It was evident that for the vast majority of the young people from across all contexts, the term "mental health" carries highly pejorative or negative connotations. The negative terms far and away outweighed the positive associations. Some of the positive associations and connotations relating to mental health evidenced were keeping healthy, eating healthy food, psychology, emotions, feelings and attitudes and good fun and being cool.

When asked whom they would tell and not tell if they were experiencing a mental health issue, the young people, interestingly, largely reflected the same responses to both questions. The responses appear to indicate that the young people would like to be able to tell their parents, relative and friends and in some instances teachers, but they feel reluctant and or unable to do so. Many of the young people stated that they were afraid to burden their parents, or that their parents would make a big deal out of it. In terms of friends, responses tended to reflect those given for parents. The young people were afraid their friends would become burdened with the knowledge that their friend was experiencing some distress. They also expressed concern at their friends possibly sharing the information with other friends and school peers and at how they would be viewed as a result; the majority believed they would be viewed negatively and stigmatised.

Teachers were the least likely group, of those mentioned, which the young people would turn to. Many young people expressed distress at having had previous confidence broken by a teacher they had trusted in. Further, there is a strong fear of "staff-room gossip".

In terms of what would encourage them to seek help, trust and confidence were critical, as was the need

not to be judged. It was also felt that the possibility of getting their life back and being happy again would play a big role. If people around them, especially their parents and friends, noticed that something might be wrong and encouraged them to get help, this was seen as another key encouraging factor. An issue that came up quite frequently with the young people was the importance of seeing people having come through the issues, which would give encouragement to seek help.

Factors preventing the young people from seeking help far outweighed those which would encourage them. Fear, stigma, being judged, gossip and the fear of being seen as mad were the major blocks to seeking help. Fuelling this was the belief that there existed a “macho culture” where it was best to keep your issues to yourself.



“It’s a disgrace we’re losing so many young people because our community doesn’t realise the importance of mental health. It needs to change.”
Research participant

The predominant opinion of the young people was that young people’s mental health was not seen as an important issue and they therefore felt that the wider community currently viewed it as a low priority. In terms of how much they felt the wider community should prioritise young people’s mental health, the majority said it should be high, with a significant number feeling it should be medium, citing that it should not be overplayed and create a sense that the problem was larger than it really is.

The young people were asked to think about what would potentially indicate or signal to them that a friend or peer might be experiencing a mental health issue. Once this had been discussed, the young people were then asked to move to different points along a continuum indicating the number of young people who were friends or peers who they believed “might be” experiencing a mental health issue. Most of the young people indicated that they felt they knew 3 to 4 young people who might be experiencing a mental health issue such as anxiety, depression or stress. The second most significant category was the 1 to 2 categories. A small but significant number of young people indicated higher than 4.

All of the young people were asked to indicate if they knew of someone who had taken their own life through suicide. The vast majority of young people indicated that they did know someone personally who had taken their own life.

Almost 100% of the young people indicated that they would not feel comfortable sharing openly that they had a mental health issue within a group of peers similar to that present during the workshop session itself.

The resounding response from the young people was that their community in its widest sense almost without exception viewed mental health in terms of mental illness, as something negative and indeed not to be talked about. However, the young people felt that the community should start to view the term in respect of positive mental health, whilst making sure provision was available for people experiencing mental illness.

When it came to considering what hurts and what helps mental health, the young people were very candid and open. In terms of hurting mental health, gossip and rumours and the fear of being talked about were seen to really hurt a young person’s mental health in that it reinforced the inclination to keep the issue to oneself. The young people spoke of some of the causes as they saw them, e.g., losing a loved one, having

family and friend problems, and being rejected. Loneliness and isolation and not talking about it were felt to be serious compounding factors.

"They started making comments and it just snowballed from there and then it got personal, saying stuff about my mother. By the end of fifth year they got the whole year pretty much turned on me... it was 'funny' to pick on this one person, and like sheep, others joined in, not wanting to be excluded from 'the posse'. Some teachers could not control their classes, and in one case the teacher seemed to side with the class by using the same verbal teasing the pupils were, perhaps in the hope of winning their respect and cooperation at the expense of myself."

(Young male life-story participant who was bullied at an all-boys post-primary school)

Looking to what helps young people's mental health, the young people felt that not being judged was vital, as was having someone who could really relate to them, listen to them, and whom they could trust. Fun, praise, positive feedback and knowing where to get help were felt to be vital.

4.4 Young People - Life Stories Results

The research's engagement with seven participants who had experience of poor mental health and well being was seen as a key contributor to ensuring that the learning would be reflective and inclusive of the real experience of young people. Looking across the seven life stories, a number of key points emerge.

They include:

- ➔ Early prevention could lead to a massive reduction in suffering on the part of young people and their carers. All of the life stories illustrate the long, arduous and painful paths experienced by each of the individuals engaged in this aspect of the action-research project, whether that is the young people themselves and or their parents or carers.
- ➔ The mental health system of care is fragmented.
- ➔ There is an apparent fixation on suicide and waiting in a state of high alert for the "next one to happen".
- ➔ The importance of the school to recognise and act upon indicators of distress, particularly that of poor attendance.
- ➔ The importance that the ethos of a school can make to support students. The value and role of good parents and foster parents.
- ➔ The importance of treating individual young people who find themselves needing support with respect.
- ➔ The use of creative and artistic expression as a means to articulate and manage emotions and heighten self awareness.
- ➔ Recognising and empowering the young person to "heal themselves" as far as possible, drawing on responsive services that help them to help themselves.

- ➔ Recognising the potential of young people to help each other through peer support; working as a group, or being able to provide empathy and understanding to reach out and support other young people.
- ➔ The need to look at the young person in totality, rather than through a single lens. This point acknowledges the complexity and multi-dimensionality of the factors and influences at play in the life of a young person going through adolescence.
- ➔ The importance of clear and accessible information and advice for young people which says who does what, when, where, how and at what cost.
- ➔ The important role of GPs and whether or not they listen to and respect the young person and see young people's mental health as being a real issue.
- ➔ The need to empower young people by teaching them techniques and methods for relaxation and stress management, starting by building this into the school curriculum, especially with regard to coping with exam pressure. This learning and empowerment can be introduced as an asset to address the pressures and stresses in the other domains of the young person's life.
- ➔ Prevention by empowerment as opposed to prevention by control. The latter is disempowering and patronising to young people, as well as failing to recognise the inherent capacity, capability and willingness of young people to self-support and collaborate with wider infrastructure in developing meaningful and effective long-term responses.
- ➔ Stigma needs to be addressed in order to help create an enabling environment and bring about a normalisation of mental health and well-being.
- ➔ Interventions and programmes should be positively framed rather than being problem-focused.

4.5 Summary of Findings from Youth Consultation Process

Among those young people who completed the mental health and well being survey, coping scores rose with increasing age. There was significant difference between males' and females' coping mechanisms. Young males were more likely to have lower coping scale scores than females. For both genders, over 80% reported they would sometimes or often blame themselves for their worry or upset, with females likely to do so more often. Overall, the average positive mental health score was 50.1 on a scale of 14 to 70 for the young people. Young people living with both parents have a significantly higher positive mental health score than those living in other circumstances. Those with easy access to Castlebar have a higher positive mental health score. The young people who took part in the school-based focus groups feel that mental health is viewed as a largely negative and stigmatised term. In their opinion, it is much more associated with mental illness than with positive mental health. They feel it is important to them, but that the wider community does not take it seriously. They feel that they as young people take it seriously. They would

much rather seek help through a friend, family member or sympathetic school teacher than through a mental health professional. However, whilst preferring to seek help through these avenues, there appears to be a real reluctance on their part to do so. They fear burdening their friends and family, as well as fearing the consequences for themselves and their family if it were to become widely known that they were experiencing a mental health issue.

Fear, stigma, being judged, lack of trust, loss of reputation and a macho culture are some of the things which would prevent the young people from seeking help, whilst trust, not being judged, encouragement and other people noticing changes in them would encourage them to seek help.

The young people see poor mental health as being widely prevalent amongst their friends and peers, and they have a very high personal awareness of someone who has taken their life by suicide.

The young people would not be comfortable or happy sharing openly with a group of peers if they had a mental health issue.

Mental health was seen by the young students as something the wider community views as mental illness, negative and something not to be talked about. The young people want to see this changed, and for positive mental health to become the norm.

The young people are very aware of what helps and hurts mental health, and have a sense of the key principles which should underpin a positive mental health service for young people, i.e., fun, caring, encouraging, talking, being easy to get to and sharing of experiences, as opposed to having a fixed idea of what the exact shape of such a service might look like.

Considerable interest was expressed in the idea of an independent worker available to young people in the formal and informal education system.

The life stories highlighted the need for recognition by adults of the capabilities and centrality of the young person in the process, both as part of the immediate solution and in helping to recognise and facilitate stronger, more resilient young people afterwards for the long term. In effect, solving a problem rooted in poor mental health can be the starting point for a pathway to establish positive mental well being.

There is a critical need for greater and much more effective and deliberate collaboration across sectors in the delivery of genuinely youth-centred services, which start from where young people are at and are available when young people need help and support.

It must be ensured that the right balance between a centralised and a rural outreach model for young people's mental health support services is achieved, given the predominantly rural nature of the county and the fact that approximately 75% of 12 to 18 year olds live in rural areas. Young people need to be at the heart of the process with the agencies and organisations in designing and delivering initiatives.

4.5 Community Consultation Results

For the community consultation, five specific communities were selected in order to give a broadly representative sample of the settlement types across the county: Ballyhaunis, Ballinrobe, Belmullet, Castlebar, and Kilmeeve/Claremorris. Within each of these areas, semi-structured workshops were separately conducted with the service providers from across the different sectors present in the particular

"Talks have to be given more often. This is the first talk I ever got and I'm 16 and been through a lot."

Research Participant

area, with representatives from the community, e.g., parents and community organisations, and with groups of young people. The tripartite approach was applied in order to give each stakeholder group the opportunity to give their perspective on the mental health and well-being needs of young people in their respective community. A significant limitation to the study must be stated at this stage. Young people from the asylum-seeking community living in a direct provision centre in Ballyhaunis participated in and contributed to a youth workshop in Ballyhaunis, and a life story from a member of this community would have made a valuable contribution to the research. However, this proved very difficult as many young asylum seekers experience mental health problems but they have not accessed services and could not therefore be included. This is also true for young members of the Traveller community.

The research questions with regard to the community workshops included how youth mental health needs were currently being dealt with; what were the strengths, weaknesses, opportunities and threats facing young people's mental health and well being; what role does stigma play; and how does the community tend to think about young people's mental health and well being. These provided a unique opportunity to triangulate the perceptions and thoughts of the three stakeholder groups within and across the given communities.

However, there is a strong body of opinion in the communities that the county has a manageable population to target and that waiting lists as they currently exist are reasonable. It is encouraging that most young people have positive mental health and that the young people are more willing to engage with the issue of positive mental health and well being. The presence of strong communities was also seen as a great asset to be tapped into, with many excellent organisations from across the sectors genuinely concerned and interested in seeing how they can work more effectively together. Reference was made to the many youth groups, clubs and associations that exist within and across the communities. However, it was evident from several of the workshops that different sectoral interests were meeting one another for the first time through the consultation process for Mayo Youth Mental Health Initiative. This was seen as a highly positive development in itself. It is acknowledged that there are many organisations and resources already available within the community doing excellent work. However, there is a willingness to change and to establish how things might be improved, building on what already exists. Mention was made of much good work which takes place within the schools of Mayo and the numerous youth organisations and mental health supports.

The following section presents the various themes which arose from the five communities and additional youth workshops.

Issues contributing to youth mental health challenges:

- ➔ Many of the participants felt that many parents over the "good times" had developed the habit of parenting their children with money, which isn't now available. This was seen to have serious consequences for both the parents and the young people, i.e., both groups losing their ability to interact, talk, and cope with adversity and build resilience.
- ➔ It was generally felt that stress levels in the home environment are on the increase due to the current financial recession.
- ➔ Parents have their own mental health issues, and these will impact on the young person.

- ➔ **Traumatic life experiences:** Traumatic life experiences emerged considerably as a very real issue across the communities, especially the high numbers of suicide in the county. Other issues which are felt to be very much present and impacting on the young people of County Mayo are bereavement, separation and homelessness.
- ➔ **Lifestyle and peer pressures:** Within this theme the influence, use and abuse of alcohol and drugs by young people was identified along with the serious consequences these have for young people's mental health. Other issues identified were body image, obesity and bullying from a very young age, the highly sexualised nature of young people, and the tendency to be involved in sexual relationships and activity at a young age.
- ➔ **Technology:** More exposure to texting and social networks was seen as a counter-productive force in terms of young people's mental health and well being. Adults tended to emphasise that young people are going into themselves more. They are experiencing less face-to-face contact. They lack social interaction.
- ➔ **Education, careers and the future:** The young people were viewed as having to face increasing pressures and increasing uncertainty. There are expectations of parents, peers, teachers and community on the young people psychologically, socially, academically and economically. They face a very different future to the past of their parents. Job insecurity, financial worries, lack of self-worth and a fear of failure all press down hard on the young people of County Mayo.
- ➔ **Relationships with adults:** Many of the young people feel there is a huge focus on the negative in respect to young people and the contribution they make to their communities. They feel they are feared and shown a general lack of respect. They feel if they have issues to talk about, that the adults really don't want to know. Adults on the other hand feel there is a lack of boundaries and that "As adults, we tell them it's in their head."
- ➔ **Geography:** Across the workshops and the various individuals and organisations in attendance, there was a huge recognition of the sheer geographical size of County Mayo and the many opportunities and challenges this presented the young people of the county. Participants in the workshop raised their perceptions of a geographical imbalance between urban and rural, that there seems to be a Westport/ Castlebar-centric view of service development and delivery. Youth clubs are not widespread enough or not inclusive enough. There is a general lack of appreciation of the beauty of the environment and of how this
- ➔ **Real Impact of Suicide:** There is a very real fear that suicide is becoming seen as a valid and acceptable way to address particular issues and problems. There is a real sense that this needs to be challenged, perhaps through a focus on the consequences and pain for the family and friends left behind.
- ➔ **Culture and mental health:** Whilst there is a growing recognition of the importance and role of positive mental health for young people in Mayo, there is still a strong stigma and fear about the term. There is a lack of education about it. There is a tendency for it to be swept under the carpet, e.g., "...suffer from your nerves". Mental illness has not been normalised, and parents fear being judged if they are seen to have a young person with a mental health issue. Another key issue which arose in this respect was the fear of mental health and, by talking about it, the fear of association. People, especially the young people, feared the stigma which would be visited upon them if they were to experience a mental health issue, and the isolation which this could lead to if this were to become known widely within their communities. This was seen to be exacerbated by gossip and "small town" mentalities in rural areas and the macho culture of the west coast of Ireland.

- ➔ Skills in young people: Adults are very much of the opinion that the young people do not have the skills, knowledge and experience to manage their feelings and emotions. This, combined with the increasing pressures on the young people, is producing young vulnerable people who struggle to cope with the realities of their lives, i.e., serious relationships, relationship break-ups, and their sexuality.
- ➔ Skills on the part of service providers: Professionals need to be better equipped to talk openly about mental health issues with young people; that the current system of support is risk averse and tends not to look at it or ask how things can be done better. When a suicide happens, there is a real defensiveness. There is a fear of the spotlight falling on the response agencies. Other issues related to the fact that when help was sought, it tended to be someone other than the young person seeking it, and that when the young person was seen the issues which the young people present with have escalated to such a level before they are seen, thus resulting in an intensive and resource-heavy intervention and support service.
- ➔ There is a call for greater up-skilling and training for all those who come into contact with young people, especially in regard to building positive mental health and preventative approaches, as well as making early intervention when signs and symptoms first start to appear. A focus on GPs was seen as critical in this regard.
- ➔ Schools: There was a wide perception that the schools in Mayo are not equipped to deal with positive mental health and a focus on a strengths-based approach. Schools need to build internal capacity to be able to act and react to mental health and well-being matters which might best be addressed at the level of the school.
- ➔ Skills and resources within the voluntary and community sector: There is a call for training for volunteers and that voluntary and community organisations adopt a genuine collective responsibility for their role in building and promoting young people's positive mental health.
- ➔ Current structure of support services: Feedback focused on the fragmented nature of services and supports within and across the sectors.
- ➔ An issue is the overall sense from all parties that services across Mayo are simply not used to involving young people. Services and supports are not youth-led.

The perceived gaps in supports identified across the five communities were:

- ➔ There is no resident child psychiatrist with the CAMH's team and there is limited out-of-hours services. Also there is a lack of appropriate specialist acute and residential beds for young people in Mayo.
- ➔ There are significant gaps in regard to the Traveller community, young people not in school and who fall outside any formal provision, LGBT youth, the significant minority ethnic and asylum-seeking community in County Mayo, young people with a disability, and those from the more disadvantaged areas of the county.
- ➔ Many workshops revealed a strong sense that the child and adolescent mental health team was understaffed and overstretched.

➔ People do not know what services exist, and this is really reinforced through the fragmentation of services. If people do know what exists, it is very hard for a young person, their parent or friend to identify what is right for them. The availability of services does not reflect the days and times when the young people present with their issues. For those young people in need, it was felt that there were real difficulties for them in accessing waiting lists to see specialists in mental health. The GP referral system is seen as a real barrier for young people in Mayo in this regard, because of the need for parental consent.

The community focus groups identified key elements necessary to improve youth mental health and well being:

➔ It was recommended that a young people's centre be established in County Mayo. Participants felt it should be relaxed and welcoming and that a young person could drop in at any time. It would be cool and relaxing. It would focus on promoting positive mental health, as well as challenging the stigma. It would address a wide range of young people's issues, beyond mental health-related matters, but also those influences and pressures which support or hurt young people's mental health. It would have information on all of the different clubs, activities and supports for young people in County Mayo, letting the young people see what is available and to enable them to follow their own interests and needs.

➔ It was reinforced that the centre would need to be youth-led. It would have youth work and health professional staff, providing positive role models, being non-judgemental. A young person would not have to have an issue per se to come into the centre.

➔ There was a strong sense, given the geography of the county, that a single central hub within Castlebar would not be sufficient. There would need to be an equal or greater satellite or outreach component to the initiative. In all of this, it is most important that young people identify with the centre(s), and that it is not labelled as being for one group over the other as appears to be the case with some other youth drop-in facilities in the county. The centre(s) should facilitate the participation and involvement of all young people. As regards availability, a drop-in centre should operate in the evenings and weekends when young people tend to experience need.

4.7 Summary of Findings from the Community Consultation

Within the communities there is an acute awareness of the increasing pressures and stressors on young people and how the environment they find themselves growing up in is changing rapidly. It is marked by massive peer pressure, uncertainty and risk. The impact of the recession on homes and families across Mayo was alluded to and the consequences of this for the young people and their parents', siblings' and carers' mental health. There is a strong sense that not enough is currently available to help families in stress, as well as a lack of supports to help parents and carers re-engage and talk with their young people about mental health issues.

There are seen across the communities to be a number of key strengths. These were seen to emanate from the fact that the majority of young people do experience good mental health, and that the communities and agencies in and across the five communities are willing to work together to bring about positive change. Further, there are felt to be many positive models and programmes within schools and the community, which could and should be built on.

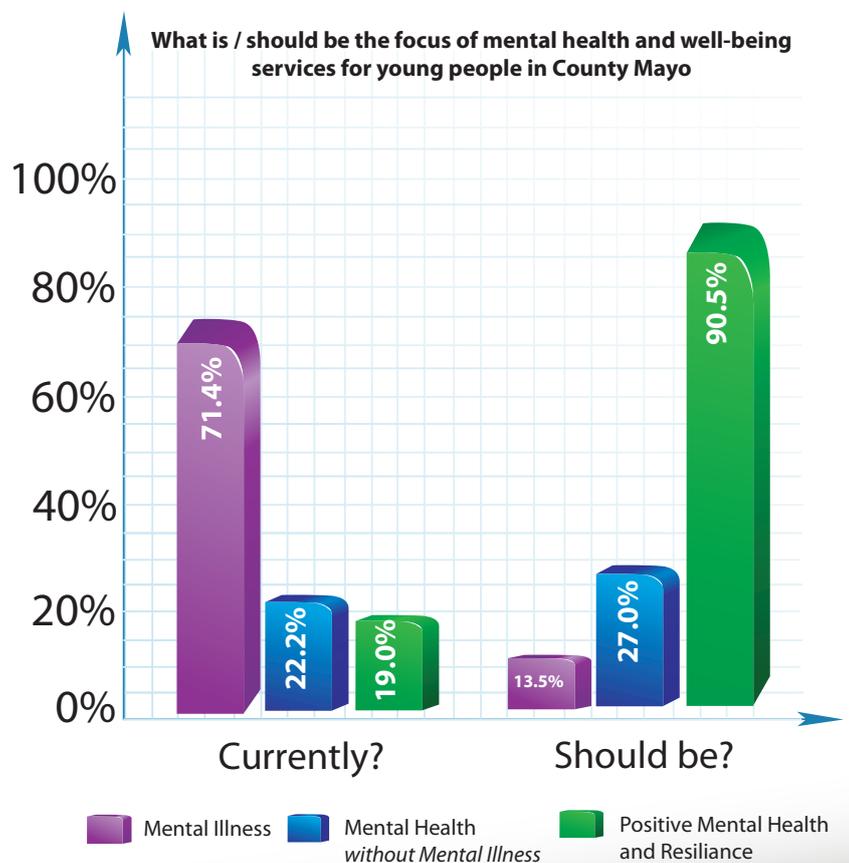
4.8 Service Providers / organisations Consultation Results

This section of the report endeavours to present the key findings which emerged from the analysis of the responses received from the organisations from throughout County Mayo. An online survey was developed and distributed to 257 organisations that were felt to have an interest, role and investment in the development and well being of young people in County Mayo. There was a 35% response rate. However it is important to note that there are some methodological limitations particularly pertaining to the stakeholders feedback session in that information gleaned from the stakeholders focus groups was limited due to unavailability of a number of key clinicians/professions that due to work demands necessitating cancellation of a particular focus group.

The largest number of participant organisations in the online survey was youth organisations that were linked to a national organisation. Overall, they accounted for 28% of the organisation responses. The second largest category was schools at 18.7%, followed by 12% who were youth organisations, which were locally focused. The local youth organisations were joined in third place by the "other" organisations category, given by respondents who felt that their organisation was not reflected within the pre-determined list. Significant responses in the context of the overall survey were also received from community groups (10.7%) and community development projects (9.3%) in county Mayo. Behind these organisations, it is found that responses from the HSE Mental Health Services and the County Council and County Development Board accounted for 5.3% of the responses to the online survey. Family Resource Centres accounted for 4.0%, whilst faith-based organisations, local voluntary organisations (none youth-specific) and sporting organisations accounted for 2.7%. Finally, 1.3% of the responses were accounted for by national voluntary organisations that were not youth-specific. There were no private sector responses to the survey.

When asked to rate their level of awareness of the nature and extent of youth mental health and well-being needs and issues within County Mayo, the largest response category was "fairly good" at 29.3%. Second was "good" at 22.7%, and joint third were "very good" and "weak" at 17.3%. "Excellent" achieved 9.3%, whilst "poor" returned 4.0%. None of the organisations reported being "not sure".

Figure 2 presents the findings in respect to the current focus of mental health and well-being services for young people in County Mayo, with 71.4% of the respondent organisations feeling that the current focus is too heavily directed toward mental illness. In terms of where the services for young people should be, 90.5% propose that the focus should be on positive mental health and resilience.



The majority of respondents (69.2%) “Completely agree” with the statement: “I think mental health and well-being is an important issue for 12 to 25 year olds in County Mayo.” A further 20.5% “strongly agree” and 9.0% “agree”. Only 1.3% were “unsure”. No respondents disagreed with the statement. When asked to rate their level of agreement with the statement: “I think 12 to 25 year olds in County Mayo feel mental health and well-being is an important issue for them”, there is a substantial shift from the previous statement. Only 17.9% completely agree with this statement, with a further 7.9% strongly agreeing, 31.1% agreeing, 20.5% of respondents being unsure and 11.5% answering “don’t agree”. The respondent organisations appear to suggest that young people view their mental health and well being as less important to them than adults do. The vast majority of the respondents (91%) don’t agree that “Young people’s mental health and well-being is not that important an issue”, whilst 6.2% agree to a greater or lesser degree that it is not that important an issue.

In terms of a young person feeling comfortable talking openly about a mental health issue if they had one, the majority of the respondents (62.8%) did not agree. A further 21.8% were unsure.

When considering that “Stigma is an issue which surrounds mental health and well-being in County Mayo”, 43.6% of respondents completely agree, 23.1% strongly agree, and 24.4% agree. Together, agreement with this statement equals 91.1%, with 5.1% saying they don’t agree.

When asked to consider if they would be happy to talk openly about a mental health issue if they had one, 35.9% were unsure, 10.3% don’t agree, 9.0% completely agree, 16.7% strongly agree and 28.2% agree.

The vast majority of the respondents (80.8%) do not feel that young people overplay their mental health issues.

When asked to indicate their level of agreement with the statement: “Young people nowadays don’t have the same pressures and challenges that their parents/guardians had when they were their age”, 87.2% don’t agree. 9.0% agree with the statement to a greater or lesser degree.

In terms of whether “County Mayo takes young people’s mental health and well-being seriously”, 35.9% were unsure and a further 24.4% don’t agree; 29.5% agree, 9.0% strongly agree, and 1.3% completely agree.

When asked how they would rate the current level of mental health and well-being need among the young people (12–25 age range), 33.3% of the respondents felt it was very high, 24.4% high, and 20.5% exceptionally high. An additional 12.8% rated the need as fairly high, 3.8% said weak, and 5.1% don’t know.

When asked how they would rate the current level of support and services available to help young people, the majority of respondents felt it was to a greater or lesser degree inadequate, with 39.0% rating it as inadequate, 18.2% fairly inadequate, 14.3% highly inadequate, 9.1% completely inadequate, and 9.1% “don’t know”. Just 5.2% of respondents rated the services and supports currently available as adequate or fairly adequate. No respondents felt the current provision was highly or completely adequate.

Respondents’ perception of the current focus of supports and services for young people’s mental health and mental well being in County Mayo indicate a strong wish for the strengthening of all three areas, i.e., prevention, early intervention and late intervention. Prevention and early intervention show the greatest positive shift between the currently perceived focus and where the respondents feel the focus should be.

When asked where they think the current focus of support and services for young people’s mental health

and well being in County Mayo is in respect to preventative focus, 62.7% indicated that there were low prevention supports, 12% felt there were high prevention strategies, 10.7% felt there was medium-level prevention, and 5.3% felt there were none. The remaining 5.3% stated that they did not know.

In respect to early intervention supports and services, 52.6% felt there were low early interventions, 19.7% felt there were medium-level supports, 11.8% said high level, 9.2% said they did not know, and 6.6% said there were none.

In respect to late interventions, 34.2% indicated that there were high level of interventions, 30.3% felt there was medium support, 26.3% felt there was low intervention, 1.3% felt that there was none, and 7.9% indicated that they did not know.

Organisations were then asked where they think the focus of support and services for young people's mental health and well being in County Mayo should be. Respondents stated a wish to see a greater emphasis across the three levels of intervention, including prevention (96%) and early intervention (83.3%), whilst retaining a strong focus on late intervention (71.8%).

The online questionnaire also identified key elements necessary to improve youth mental health and well being. The responses are summarised below.

- ➔ Responsibility for young people's mental health and well being is universal: This was a recurrent theme from across the respondents. There is a real sense that young people's mental health is everyone's responsibility, not just the traditional HSE, CAMHs and adult mental health services. The responses implicitly and explicitly indicate that the definition of mental health and well-being services needs to be widened in terms of the players and in terms of the nature and content of the services.
- ➔ A drop-in centre with satellite provision: A strong body of opinion calls for the establishment of a drop-in facility dedicated to the health and well being of young people across Mayo. It is critical through the responses given that whilst there is a HQ centre for instance in Castlebar, that this facility should link with the community/voluntary sector and statutory sector resources that exist across the county. Mention is made of the potential for young people's mental health and well being through the use of the existing Family Resource Centres and Youth Centres which exist across the county. Respondents see massive potential in utilising these facilities, which already provide an array of community services. They feel they would provide the anonymity needed in order to encourage young people to avail of mental health
- ➔ In proposing this facility with its contingent satellites, the respondents assert they must be youth-centred, friendly, fun, relaxed, non-judgemental, multi-disciplinary, professionally led, provide access to health professionals, operate 24/7 (especially given that the majority of youth mental health issues emerge in the evenings and weekends, outside of normal office hours) and be non-clinical.
- ➔ Schools, teachers and principals: A great deal of the improvement feedback related to schools, teachers and principals. There is a strong sense that teachers, principals and schools should be given greater levels of support and assistance in understanding and responding to the needs of young people's mental health and well being.

- ➔ Youth services and workers: There is a strong call for the up-skilling of all organisations, employees and volunteers who have a role, investment and interest in the development of young people vis-à-vis early prevention and identification of potential issues. This action is aimed at all youth involvement organisations such as sports clubs. As with the schools and teachers above, there is a need to press for greater communication and collaboration between organisations, increasing the awareness and understanding of positive mental health and well being, and normalising it – that it is something that is talked about just as when one has a broken ankle, etc.

- ➔ Parents and Families at Risk: There is a strong perception that parents feel vulnerable and fearful talking to their young person about mental health and well being. In addition there is a recognition that nothing exists within the current configuration of youth mental health services and supports to work with those young people who have parents experiencing mental health issues. Youth mental health services should consider this issue in the future.

- ➔ Referral Processes: There is a call for referral processes and procedures to be clarified and improved. To support this, the system needs to be widened, integrated and strengthened. From the data there is recognition of the important role of GPs in the referral process for young people, especially on to psychological/psychiatric and acute services. There is a call to clarify the role of GPs and to look at the current referral process through GPs, especially given the fact that if a young person presents to a youth professional outside of normal GP hours, the youth professional is required to hand over to the parent in order for the young person to be seen by a GP.

- ➔ Rapid Response: There is frustration in regard to when a young person is identified and needs help, that an urgent or rapid response can take weeks and months, leaving teachers, youth workers, peers, parents and
- Information and awareness-raising: Many of the organisation respondents call for greater investment and work in raising awareness and discussion within the wider community about the importance and role of positive mental health and well being. It needs to be normalised, de-stigmatised and talked about openly. As a community, Mayo needs to accept that it is a real issue and see it on an equal par to physical, emotional and spiritual health and well being.

- ➔ Strategic approach: Organisations indicated a need for a more strategic approach to youth mental health in County Mayo.

- ➔ Involvement of young people: Time and time again, it has been stressed that young people must be placed firmly at the centre of the design, development, operation and measurement of any new youth mental health and well-being services. It was stressed as important that they are given ownership and real involvement in developing future services. Further, in involving young people, participation, involvement and ownership in the widest sense must be secured, so that young people from all of the youth subcultures are engaged and their ideas released. It was impressed that services whatever their origin must go to where young people are, rather than retaining the traditional centralised and hospital-based approach to service delivery.

4.9 Summary of Findings from Consultation with Organisations

4.9 Summary of Findings from Consultation with Organisations

The vast majority of the organisation respondents want to see a massive shift toward positive mental

health, away from the currently perceived predominant focus on mental illness. They feel it is something which is important for young people. However, they feel young people do not take it as seriously as they should. They also believe that young people do not overplay their mental health issues. The majority of the organisation respondents also reflect that the supports and services for young people's positive mental health and well being in County Mayo are inadequate, and that the issue is not taken seriously enough. They feel it is an area surrounded by stigma, and that young people would not wish to speak openly to someone if they had a mental health issue. There is also a strong sense of reluctance on the part of the organisation respondents themselves to speak openly to someone if they were to experience a mental health issue. There is a strong call for a shift toward positive mental health and a population approach, whilst retaining the focus on early and late intervention as appropriate and for organisations to collaborate much more effectively in the pursuit of it. It is felt that capacity and capability need to be built within schools, voluntary and community organisations, parents and the HSE in addressing positive mental health.

4.10 Key Informants Consultation Results

The following section represents the key themes which emerged when the researchers met with individual stakeholders from across the sectors at all levels, as well as from semi-structured focus groups with the Mayo Youth Mental Health Initiative Group, HSE Adult Mental Health Services, and HSE Child and Adolescent Mental Health Services. This section also incorporates the small number of responses received from GPs. The survey which was developed for organisations was also specifically set up and administered as a GP-specific online survey. This was circulated to approximately 55 GPs and related professionals. Four (7%) responses were returned online.

A wide range of challenges were identified during the interviews with the key informants and focus groups

- ➔ Previous attempts at inter-agency working were ineffective: It was noted that previous attempts were made to bring the different agencies and individuals together from across the spectrum to address the issue of mental health. However the progress made by the Mayo Youth Mental Health Initiative has been the most successful to date. .
- ➔ Focus on suicide by CAMH's Team and many community initiatives: Many of the key informants and focus groups were concerned at the currently perceived focus of young people's mental health services and initiatives within Mayo on the issue of suicide. One individual commented, "psychology services are pushing out an emergency response service". The predominant focus on intervention/postvention after the event of suicide, with all of the attendant visibility within the community of the HSE, was felt to be increasing the sense of vulnerability and desperation in the community. There was a general sense of a strong feeling of despondency in the community that "Sure there's nothing we can do to stop them from taking their own life", or "Unless you're dying or dead, there's nothing out there for you. It's a sad state of affairs."
- ➔ Stigmatisation of services in the statutory sector: Key informants, focus groups and the GPs referred to the strong stigma which contextualises the provision of and the potential uptake of youth mental health

services in County Mayo. This was felt to be especially impacted by the high psychological/psychiatric orientation of the services, predominantly centralised in St. Mary's in Castlebar and the 9am to 5pm delivery framework. Interestingly, one of the key informants stated that 50% of referrals to their service in the 18 to 25 age range did not turn up for appointments in St. Mary's, which in their opinion appeared to further attest to the nature and extent of stigma in the community regarding attendance at a dedicated mental health service in the statutory sector.

- ➔ Accessibility and availability of youth mental health services and supports outside of normal hours and over the weekend: A point which arose several times was the fact that there exists no out-of-hours service for young people who may be experiencing mental health issues and for whom time is of the essence in terms of accessing the right support at the right time in the right way. It was emphasised that services have only a limited number of chances to engage the young vulnerable person, and that if they experience a bad intervention or lack of an intervention, this could "tip them [the young person] over the edge."
- ➔ Another key issue reflected upon by most of the key informants and focus groups was the perceived centralised nature of any services which do exist, and the lack of provision in the predominantly rural county of Mayo.
- ➔ Lack of co-ordination and communication within and across sectors: It was widely remarked that it was apparent that organisations working within the same sector and seeking to address the same issue(s) more often than not, did not know about the other supports and services operating in close proximity to themselves and or within the wider county.
- ➔ Overreliance on a psychological/psychiatric/medical model: The reflection by those consulted in this regard relates to the first point made in this section, which reflects the predominance of a focus on mental illness and the dominance of the HSE services.
- ➔ Risk aversion in the system: Many people spoke of the bureaucracy and red tape surrounding the provision of mental health services in the statutory sector and a very real sense of the system being afraid to take a risk and try something new.
- ➔ 16 to 18 year olds caught in the middle: There is much concern over the situation facing 16 to 18 year olds as a result of the current procedures and protocols which govern the treatment and co-ordination of these young people between CAMHs and AMHs. In particular, there is much concern at people in this age range being seen in what are felt to be inappropriate adult mental health settings and treated as if they are
- ➔ Schools, Teachers and the SPHE programme: There are no shared-school positive mental health policy, practice and standards. Schools are working in isolation attempting to respond to the need to build prevention, intervention and postvention mechanisms and supports for their young people. There was a clear sense that there needs to be a cross-school set of standards supported by an agreed and clearly understood policy and practice.
- ➔ No shared language for mental health in County Mayo: It was evident from all of the discussions that there is no shared and agreed definition of what mental health means to all of the agencies and organisations working to address mental health issues among young people in County Mayo. Organisations and agencies are working away doing their own thing in pursuit of their own internal vision and goals. However, these are not referenced or anchored to a wider and strategic ethos, vision, and set of high-level shared goals for the entire county. It was felt that this was giving rise to real potential for duplication of

effort and resources.

➔ Lack of a central hub, triage facility and referral pathways: Linked to this lack of a county vision and shared goals was the lack of a coherent hub or central clearing house with a triage type function which would effectively act as the first port of call in all instances for young people's mental health. The issue of a lack of a central facility and function was seen as a real weakness, with organisations not sure where to turn for help, advice and direction when they needed to. A lack of a readily identifiable dedicated person(s) – fully conversant with the area of young people's mental health and well-being and the support framework available, and able to support the young person and others who may be supporting them in navigating the necessary referral pathways – was seen as a core deficit.

➔ Genuine and authentic involvement and participation of young people in the design, development, management and review of issue and age-appropriate mental health services and supports were seen as a critical challenge. It was emphasised by one key informant: "there are a great many services for young

➔ Equality in provision: This point related to a perceived inclination on the part of mental health services to focus on young women and girls, as opposed to the bigger concern regarding young men. Other weaknesses included issues relating to the lack of mental health services around LGBT youth, the Traveller youth community, young people not attending school, young people with a disability, and the immigrant, refugee and asylum youth community.

Elements necessary in developing and improving the response to young people's mental health and well being in County Mayo, the following key themes emerged:

➔ Consider the entire spectrum of mental health, increasing the focus on positive mental health and resilience: All key informants, focus groups and GPs felt that a much greater focus and effort needs to be placed on shifting the loci of effort toward prevention, resilience and positive mental health and well being. In pressing for a greater shift toward positive mental health and resilience, it was acknowledged that appropriate support and services must be in place to address intervention and specialist services in regard to acute episodes as appropriate.

➔ Balance between centralising and rural outreach: Given the geography of County Mayo and the dispersion of the population across the vast and largely rural county, any new approach to young people's mental health and well being needs to reflect the nuances of the county.

➔ Support Worker: Considerable interest was expressed in the idea of an independent worker available to young people in the formal and informal education system.

➔ Youth mental health and well-being drop-in: There was broad agreement on the need for a youth drop-in facility with a core positive mental health and resilience ethos and purpose, and with the potential to link in with the many youth organisations and facilities throughout the county.

➔ Positive mental health and resilience awareness-raising within the wider community: It was felt that the societal context for any improvements to services for young people needs to happen within a landscape of greater understanding, appreciation and acceptance of the importance of positive mental health and resilience by parents, friends, communities, sports groups, employers and all agencies, etc. Positive mental

health needs to be placed on the same footing as positive physical health.

➔ Community and voluntary infrastructure: There was a clear need for the development of knowledge, skills and awareness among all voluntary and community organisations, especially those who work with and support the development of young people in Mayo, as well as the potential for any new initiatives to build on the excellent organisations and work which are already on the ground throughout County Mayo.

➔ Support for families: The centrality and importance of the role of the parent was stressed and the need for capacity and capability for parents to contribute to and support an enabling environment for positive mental health and resilience.

4.11 Summary of Findings from Consultation with key Informants

Among the findings was a clear sense that while many supports and services are supporting young people, there are significant gaps including youth mental health and well-being support service. There is a strong call for strengthening the capacity of all sectors and players in supporting young people's positive mental health and well being, and to enhance the capacity and capability of schools, voluntary organisations, parents and the HSE in addressing positive mental health proactively.

5 Summary of Findings

Much work is evidently being done on the ground with young people from across County Mayo. What has been found is an exceptionally strong sense that the support and services for young people's mental health and well being in County Mayo have largely been focused on mental ill-health, intervention and postvention. In particular, there is a very real sense across all sectors and communities that there has been an almost exclusive focus on suicide. Whilst this work, especially by the statutory sector, has been praised for its effectiveness, especially when the death of a young person by suicide takes place in a community, it is felt that it does not represent a complete response. It is focused on dealing predominantly with the severe and extreme manifestations of poor youth mental health in the county.

There is wide recognition on the part of all participants that a focus on suicide is needed, but that a real effort and momentum must be established to bring greater focus to prevention and positive mental health and well being.

"Everyone thinks that young people go through things and it's a joke that only the grown-ups go through stuff when really it's not. People need to understand we need help!"

Research participant

As was shown in the mapping exercise, there is evidence of an increasing move towards cultivating and nurturing positive mental health and well being. However, these interventions, services and supports still appear to be far outweighed by the suicide focus. They are collectively co-ordinated. Young people's mental health services and supports across Mayo are not guided by an intentional and deliberately designed overarching collaborative working ethos and process, strategic vision and goals, nor does it appear that the development of services locally are proactively developed within a wider strategic understanding of the needs and issues across the county.

The conclusions to be drawn from this exercise are that first and foremost, all of the players from across the county must really sit up and take notice of young people's mental health and not just wait until a critical incident takes place. Genuine involvement and buy-in of the young people themselves is at the heart of any initiative moving forward. They must be given an equal and legitimate say in the design, development, operation and ongoing review and improvement of any new initiatives.

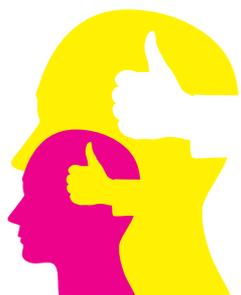
There needs to be an acknowledgement that mental health is not the sole preserve of the HSE, CAMHs and AMHs teams. It is everyone's responsibility. Mayo does have a very real mental health and well-being challenge in terms of the intensity of the issues being experienced by young people in the county. Given the severity of the presenting issues, combined with the exacerbating consequences of the economic recession, it would seem prudent to assume that the issues will only get worse in Mayo if there is a systemic failure to look to building resilience and coping skills early in the lives of the young people so that hopefully they can deal with and chart their way through life's ups and downs, grow and flourish.

There is a strong case for the development of a youth-centred mental health support service for the county, which will bring a key focus to young people and their positive mental health and well being. This service



should seek to facilitate and lead a county-wide discussion on the nature and extent of young people's mental health and well being and how best the services and supports can be re-designed to achieve improved outcomes for young people, especially in regard to positive mental health. This service would facilitate and champion the development of a coherent and integrated strategy for the county, involving all of the relevant players, especially the young people. This strategy would set out the vision for young people's mental health and clear targets against which performance can be measured and improved.

This study has sought to illuminate key developments and trends in young people's mental health internationally and nationally, as well as benchmarking and measuring the current position of young people's mental health and well being in County Mayo. This process has also permitted the first comprehensive attempt at mapping services and supports at both a localised and countywide basis. Further, the exercise has attempted to enable everyone with an investment and role in the mental well being of young people to have their say, and it is expressly hoped that those consulted will see their contributions reflected as appropriate within the context of the overall report and in shaping a critically needed service.



Recommendations

Recommendations

1. Establish a youth mental health support structure in County Mayo.

A highly visible, accessible, youth-led and centred dedicated youth mental health service should be located within the community, which promotes, advocates and supports the promotion and realisation of young people's positive mental health. At the heart of this support structure should be a 'triage' function in order to determine the level of support the young people need and by extension their friends, parents, schools and others. This service should focus on prevention, early intervention and supporting positive mental health and well being and resilience amongst young people.

The headquarters of this support structure should be based in Castlebar due to its central location, transport linkages and access to major support services including the hospital and acute medical care. However, it is imperative this structure should provide an outreach service to other geographical areas of the county and schools. A strategy for the development and roll-out of a support structure should be developed with input from young people and all sectors within the county.

2. Ensure the continued collaboration across and within sectors.

The collaborative approach across and within sectors should continue to further enhance communication between the sectors in respect to youth mental health and well being in the planning, development and implementation of a youth mental health support service. This should develop to include all parties involved in youth mental health in County Mayo from primary care teams, GPs, youth services, schools to other relevant services.

There should be more collaboration with young people to ensure that they are informing policy and practise across all sectors in the county including voluntary, community and statutory. This will ensure that all services in the county will become more flexible, youth friendly and accessible.

3. Support schools to further embed positive mental health and well-being initiatives within the school system and to promote a whole school approach to positive mental health.

The support structure, once established, should build on existing positive mental health initiatives through the development of a mainstream and uniform approach in the promotion of positive mental health and helping students who experience poor mental health obtain the appropriate supports.

The positive mental health and well being support programmes currently delivered in schools should not be seen as one off interventions but core to the whole school approach to youth mental health. In order to continue to build resilience and coping strategies in young people this should be at the heart of school policy, practice and ethos. Further training for principals and teachers should be provided to ensure the adoption of a whole school approach to positive mental health and well being rather than being a discretionary matter for the individual school.

4. Support the establishment of a dedicated support worker who would be available to work with the formal and informal education system.

This person should be available to the young people in order to support and guide them around an array of issues, but with a specific youth mental health promotion remit in all educational settings. The wider focus of the remit of this resource will help to de-stigmatise the utilisation of this service by the young people and support them to manage their mental health.



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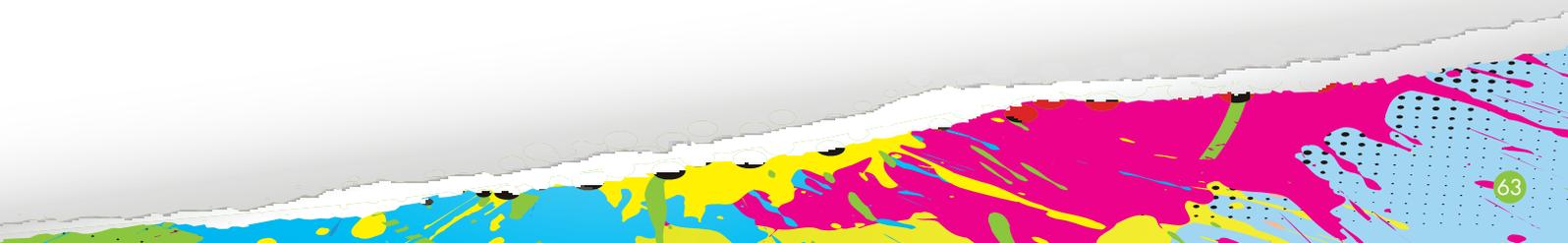
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Notes:

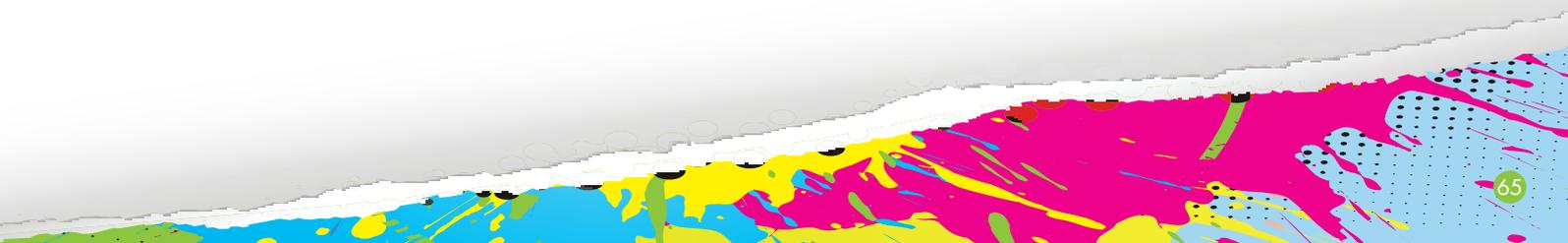
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THINK

POSITIVE

Our tips to POSITIVE MENTAL HEALTH...

1. Get some fresh air
2. Eat well
3. Don't judge yourself too harshly!
4. Ask for help when you need it
5. Keep active
6. Get a good night's sleep
7. Keep in touch with family and friends
8. Talk about your feelings
9. Have fun!
10. Dare to dream

DEVELOPING A YOUTH MENTAL HEALTH AND WELL BEING SUPPORT STRUCTURE FOR COUNTY MAYO

FEASIBILITY STUDY



A QUALITATIVE RESEARCH STUDY ON BEHALF OF
MAYO YOUTH MENTAL HEALTH INITIATIVE

FEBRUARY 2012