National Taskforce on Youth Mental Health

SIXTH MEETING
Attendees

TASKFORCE MEMBERS

- Minister Helen McEntee (Chair)
- Paul Reid, Fingal County Council
- Margaret Grogan, Department of Education & Skills
- Clare McNamara, Department of Children & Youth Affairs
- Mary Cunningham, National Youth Council of Ireland
- Dr Shari McDaid, Mental Health Reform
- Prof Mary Cannon, RCSI
- Moninne Griffith, BeLonG To
- Ian Power, Spunout.ie
- Rob Hennelly, GAA
- Dr Tony Bates, Jigsaw
- Colm Desmond, Department of Health
- Patricia Hayden, Department of Education & Skills
- Jim Breen, Cycle Against Suicide
- Kate O’Flaherty, Healthy Ireland, Department of Health
- Julie de Bailliencourt, Facebook

TASKFORCE SECRETARIAT

- Rhona Gaynor, Department of Health
- Orla Kenneally, Department of Health
- Róisín Collier, Department of Health
- Martin O’Dwyer, Department of Health
- KathyAnn Barrett, Advisor

APOLOGIES

- Grainia Long, ISPCC
- Anne O’Connor, HSE Mental Health Services
- Cian Power, Union of Students in Ireland
Minister McEntee opened the meeting and welcomed the Taskforce members. She reiterated that the group will produce an Action Plan, and not a report. Paul Reid, the Taskforce vice-chair, will manage the process of getting to a crisp list of very clear, very specific actions to bring to Government. Minister McEntee set out a timeline for the group’s work to the end of July, covering:

- goals for remaining meetings;
- development of the Action Plan;
- face-to-face and online youth consultations;
- a national consultative forum.

The minutes from the last meeting were approved.
There was a brief discussion of the Transparency Code of the Regulation of Lobbying Act, 2015, which allows for an entity like the Taskforce to be treated as a relevant body whose activities are exempted from being within the scope of the Act. It was agreed to fulfil all of the requirements of the Transparency Code under the Regulation of Lobbying Act.
2. ROUNDTABLE UPDATES

Discussion of issues around alcohol

Kate O’Flaherty gave an overview of the provisions of the Public Health (Alcohol) Bill 2015. Minister McEntee said that it was her intention to issue a statement in support of the Bill after today’s Taskforce meeting, which she would share with the members. The minister welcomed members to make similar statements in their own capacity. Other group members agreed and urged as many organisations with advocacy arms to assist where possible.

Gender and Youth Mental Health

Shari McDaid and Moninne Griffith gave an update on gender and youth mental health. Recent feedback has suggested that gender sensitivity and gender proofing is not taken into account in the design of mental health services. Being gender blind is problematic, as there are significant differences in the experiences of gay men versus lesbian women versus transgender people versus intersex people.
2. **ROUNDTABLE UPDATES**

### Cycle Against Suicide Student Congress consultation

6,000 young people aged 16-18 at the Cycle Against Suicide student congress in January 2017 were given the opportunity to tell the Taskforce what one change it should make to improve young people’s mental health. The low uptake in the consultation was noted. However, Minister McEntee also noted that it was very clear from the online conversation that young people at the event wanted to be listened to and wanted to be heard. Jim Breen observed that, while young people may not necessarily want to write down how they are feeling, 90% of the feedback received was on the day that the Minister was in attendance.

### Pathfinder

Roisin Collier gave an update on Pathfinder, which reported its draft findings to sponsoring Secretaries General at the end of January. It has been asked to work for another six weeks. **The scope of Pathfinder is much narrower than that of the Taskforce, with an emphasis on better working across government.**

It would be interesting to hear how departments have been brought together to get so much work done in so short a time, and she would like to see ongoing updates from Pathfinder at Taskforce meetings.

### Submissions to Taskforce

The submission to the Taskforce from the College of Psychiatrists was noted, and Taskforce members were reminded that such submissions should be taken into account when designing actions.
3. GROUPWORK UPDATES

Presentation of actions under consideration to improve mental health outcomes for parents/guardians/noticers:
- Shari McDaid
- Rob Hennelly
- Jim Breen
- Kate O’ Flaherty
3. GROUPWORK UPDATES

Presentation of actions under consideration to improve mental health outcomes for 13 – 18 year olds:

- Tony Bates
- Colm Desmond
- Mary Cunningham
- Patricia Hayden
- Julie de Bailliencourt
The following slides (10-15) relate to draft actions and will not be published online until further developed.
1. Supporting parents/carers - A specific policy statement on supporting parents of children who have a behavioural, emotional or mental health difficulty should be incorporated into the Parenting and Family Support statement due under BOBF.

2. Education (primary and post primary) - Government should implement a nationwide schools programme on mental health and well-being in order to build resilience among the younger population and improve mental health outcomes.

3. Mental health supports for third level students - Mental health supports, including mental health promotion initiatives should be developed for students in third level education.

4. Primary care - Build the capacity of the primary care sector to provide comprehensive mental health services to children and adolescents, including early intervention, detection, appropriate interventions and referral where necessary.

5. Perinatal and infant mental health - A universal approach to responding to the mental health needs of families, infants and young children should be developed; ensuring that the wider community, including child care professionals, GPs, PHNs and family support services and programmes are equipped to support such needs.
Parents/Guardians/Noticers subgroup

FEEDBACK

- Family stress, e.g. suicide, finances, rural emigration have huge negative effects on mental health. Parents and noticers are in a key role in this regard. When we go to refining actions, we should focus on what we value in society – children, wellbeing. How do we connect with people in producing these actions, how do we win hearts and minds?
- When publishing league tables of Leaving Cert results, we should consider also publishing wellbeing indicators of the young people who sat the Leaving Cert.
- There are Healthy Ireland and BOBF Consortium indicators for wellbeing, e.g. for self-esteem. These are difficult to measure objectively. The annual Healthy Ireland survey may be useful for this.
- We should consider joining up with other government departments - the Ballymun pilot Youth Guarantee (an EU project) led to a 33% reduction of numbers on the live register, versus a normal rate of 8-12%. Consider DSP rolling this out nationally? There is an EU fund of €5bn for this and there may be more scope for DSP to draw down additional funding.
- It is important to think about the impact of wider societal issues for example, 60% of appeals to DSP by young people have been upheld.
- A small third level college of 1,200 students had to double mental health appointments in the last year to keep pace with demand. While it is positive that young people are seeking help, it is difficult for colleges to have to fund this service from a general budget and it is unclear whether there is ring-fenced funding for this purpose. Colleges are independent so it is challenging to influence directly.
Parents/Guardians/Noticers subgroup

FEEDBACK

- It is unfortunately possible to identify the children born today who will have mental health difficulties. Mothers are generally the primary carers, and circumstances such as poverty and domestic abuse are significant factors in youth mental health.
- Funding of services in Ireland is good, but value for money is an issue.
- There may be a gap in representation of GPs on the Taskforce. Do they have enough training? Do we need to hear more from DSP?
- The parents to worry about are the ones not looking for help. When parents are presenting with mental health difficulties, we should be asking about the welfare of the children also.
- We are a small group and so much is outside of our control. But we need to transcend this, e.g. to have all government departments have a mental health element to their work. We have a Taoiseach and Ministers who are supportive, and some we need to convince. It is important to look to put in place actions that build on existing policy and initiatives.
- It would be very powerful to have mental health proofing of all government policy, e.g. when signing off on legislation, include a signoff that it has been mental health proofed.
13-18 year old subgroup

SUMMARY OF ACTIONS

1. Support connectivity across systems at a community level.
   - Clustering of schools to meet with services monthly to facilitate more collaborative working
   - Support and resource collaborative working.
   - Youth work and youth workers need to be incorporated within the system of care
2. Create a national peer mentoring programme that schools could avail of.
3. Given the escalating stress that students come under as they move through the school system, project team-based work is recommended.
4. Ensure youth mental health training as a standard element of the curriculum for all youth and education professionals.
5. Ensure young people are included in the planning and design of any services to strengthen the voice of the young people in this process.
There is an enormous value in the universality of schools. They take responsibility for the young people in front of them. However, they are firefighting and there are limitations to the ability to cope with the competing demands. There needs to be a system that provides evidence of what is right.

There is a huge participation in youth work, 1,400 paid staff and a large number of volunteers. There is no competing demand from a curriculum and is a key setting for rolling out mental health initiatives.

CAMHS cannot be the only point of access. There is a distinction between pathologising and identifying people who really need help. A one year waiting list means complex cases are not being dealt with. We need an alternative pathway to CAMHS as an action.

A review of the CAMHS waiting list found some 20% were disability cases rather than mental health, or required a lower level intervention, e.g. in primary care.

There is a body of work on service mapping ongoing in the HSE, as well as an initiative to move to a 7 day week service, and a more holistic approach.

The transition between CAMHS and AMHS is one transition, but there are young people who don’t need to transition to AMHS but need some support. 20% of young people had special needs supports in schools, but can’t access similar supports in third level, and this is offputting to young people who could otherwise thrive at third level. Adolescence is all about transitions, and ideally there would be step up and step down services. The challenge is connectivity.

BeLonGTo supported a safe and supportive schools project in Donegal, funded by the HSE Health & Wellbeing Division. All the school, staff, Board of Management and community were involved. The project was to address bullying but could be more widely rolled out or focus on other themes.

Peer mentoring is used extensively in youth work – there are setup and maintenance costs but it is not expensive.

It is better to have a system rather than a variety of good initiatives. National policy with availability of training is important to provide a level of quality assurance. It can be rolled out by youth group hubs, but there needs to be a framework.
Minister McEntee noted her recent meeting with Richard Bruton TD, Minister for Education & Skills. Minister Bruton is very keen to partner with the Taskforce, and Wellbeing in schools is an area which the Minister is very interested in. The Taskforce has an opportunity to ask for his support for specific actions – again Minister has requested that we identify small number of priority areas to collaborate on.

Margaret Grogan, NEPS, and Betty McLaughlin, Junior Cycle Wellbeing Curriculum, presented on the work in Wellbeing: Mental Health Promotion in Education.
5. ENGAGEMENT & RELATED UPDATES

○ The Wellbeing Programme encompasses three areas of curriculum: Social Personal and Health Education (SPHE), Physical Education (PE), Civic Social and Political Education (CSPE). It is embedded within a whole schools approach which is outlined in the Wellbeing Guidelines for Mental Health Promotion - they provide a Framework for schools.

○ There will be 300 hours of Wellbeing in the Junior Cycle curriculum from September 2017, increasing to 400 hours.

○ Indicators of wellbeing are embedded into all subjects. There will be self-assessment by schools, but the Inspectorate will also assess the school on wellbeing indicators.

○ A key strength of the Junior Cycle reform is that young people will write up a report, report back on their learning, and earn a certificate. Parents can look at schools which perform well in wellbeing league tables.
AOB & CHAIR’S CLOSING REMARKS