A report on mental health and well-being among young people aged 19-25 years in Ireland

July 2017
Section 1: Introduction

About this report

This report provides a brief overview of mental health and well-being policy and research in Ireland related to 19-25 year olds as well as details of the findings of a consultation conducted with young people aged 19-25 years on mental health and well-being in Ireland.

Background

The Minister of State for Mental Health and Older People, Helen McEntee TD, committed to seeking the views of children and young people into issues relating to youth mental health and well-being in Ireland.

Report Structure:

This report takes the following structure:

- **Section 1** provides a brief overview of policy and research on mental health and well-being in Ireland in relation to young people aged 19-24 years
- **Section 2** offers an introduction to the background and methodology of a consultation with young people aged 19-24 years on mental health and well-being
- **Section 3** details the findings of a consultation with young people aged 19-24 years in relation to the question ‘What hurts young people’s mental health?’
- **Section 4** details the findings of a consultation with young people aged 19-24 years in relation to the question ‘What helps young people’s mental health?’
- **Section 5** provides a summary of the key findings from a consultation with young people aged 19-24 years on mental health and well-being

Section 1: An Overview of Policy and Research on Mental Health and Well-Being in Ireland in relation to Young People aged 19-24 years
Youth mental health policy in Ireland

Outcome 1 of Better Outcomes, Brighter Futures: The National Policy Framework for Children and Young People 2014 – 2020, the first overarching national policy framework comprehending the age ranges spanning children and young people (0 – 24 years), states that all children and young people should be ‘Active and healthy with positive physical and mental well-being’ and one of its aims is that all children and young people have good mental health.

The National Youth Strategy 2015-2020 has its basis in Better Outcomes, Brighter Futures and is built around its five national outcomes. Objective 1 of the National Youth Strategy set under Outcome 1, ‘Active and healthy, physical and mental well-being’, aims that ‘Young people enjoy a healthy lifestyle, in particular with regard to their physical, mental and sexual health and well-being.’

“Connecting for Life” Ireland’s National Strategy to Reduce Suicide 2015-2020 (Department of Health, 2015: x) specifically identifies young people as a priority group in relation to suicide and self-harm:

“Young people remain at elevated risk of self-harm and while Ireland’s overall suicide rate is not high by international comparison, we have the 4th highest suicide rate in the 15-19 age group across 31 European countries.”

People with existing mental health problems and minority groups are also highlighted within the strategy as being particularly vulnerability to and at increased risk of suicidal behaviour. Minority groups include members of the LGBT community, members of the Traveller community, people who are homeless, people who come in contact with the criminal justice system (e.g. prisoners), people who have experienced domestic, clerical, institutional, sexual or physical abuse, asylum seekers, refugees, migrants and sex workers (Department of Health, 2015: xii).

Importance of mental health in adolescence and young adulthood

The teenage years are recognised as a period of increased vulnerability in terms of mental health with 75% of mental health disorders emerging before the age of 25 (Headstrong, 2013). Studies such
as Kessler et al. (2005) indicate that the peak onset of mental disorders occurs during the years of adolescence through to young adulthood. A report by Psychiatric Epidemiology Research across the Lifespan (PERL) Group (Cannon, 2013) found that by the age of 13, one in three young people in Ireland will have experienced some form of mental disorder and that this figure rises to one in two for those aged 24. Similarly, the ‘My World Survey’ of over 14,000 Irish young people aged 12-25 years conducted by Headstrong in 2012 highlighted that mental health difficulties are most likely to emerge in early adolescence and peak in the late teens and early 20s. The study found that “this peak in mental health difficulties, in general, was coupled with a decrease in protective factors such as self-esteem, optimism and positive coping strategies”, making this stage in a young person’s life, “a particularly vulnerable period” (Dooley and Fitzgerald, 2012: vii).

Young people’s mental health in Ireland

The European Child Safety Alliance (2014) identified that Ireland had the highest suicide rate for females aged 0-19 years in Europe and the second highest suicide rate for males aged 0-19 years. However, recent Eurostat suicide rate comparisons which are based on 2014 figures (National Office for Suicide Prevention, 2017), state that suicide rates among young males and females in Ireland have decreased in recent years. Ireland now has the 19th highest suicide rate across the EU compared with the fourth highest rate in 2010.

The ‘My World Survey’ (Dooley and Fitzgerald, 2012) highlighted that nearly one in three young people aged 12-25 years in Ireland had experienced mental health difficulties at some stage in their life. Houghton et al. (2010) found that Irish students demonstrated significantly poorer mental health than that of an age-matched general population sample. A recent study on youth mental health conducted by ReachOut Ireland (2017) of 13-19 year olds found that 62% rated their mental health as ‘average’, ‘poor’ or ‘very poor’.

Approximately one-quarter of young adults in the ‘My World Survey’ reported experiencing mild to moderate depression or anxiety, and 14% were experiencing severe to very severe depression or anxiety. Over two-fifths (43%) of young adults reported that they had thought that their life was not worth living at some point, with females (44%) more likely to think this than males (40%). Over half of young adults (51%) had thought about taking their life though they ‘would not do it’, over one
fifth (21%) reported deliberately self-harming without wanting to take their life and 7% reported a suicide attempt (Dooley and Fitzgerald, 2012: 58).

**LGBTI young people and mental health**

The LGBTIreland Report, a national study of the mental health and wellbeing of lesbian, gay, bisexual, transgender and intersex people in Ireland (Higgins et al., 2016) commissioned by the Gay and Lesbian Equality Network (GLEN) and BeLonG To Youth Services found that despite recent significant advancement in the civil and legal rights of LGBTI citizens in Ireland, LGBTI young people aged under 25 did not experience the same levels of positive mental health and wellness as those aged 26 years and older. Compared to the ‘My World National Youth Mental Health Study’, the LGBTIreland study (Higgins et al., 2016: 3) highlighted that LGBTI young people reported twice the level of self-harm, three times the level of attempted suicide and four times the level of severe or extremely severe stress, anxiety and depression.

**Young Travellers and mental health**

According to Pavee Point (2016), the suicide rate among members of the Traveller community is six times higher compared to the general population and accounts for approximately 11% of all Traveller deaths. In relation to Traveller men, the suicide rate is seven times higher than the general population and is most common in young Traveller men aged 15-25. Suicide among Traveller women is five times higher than the general population. The All Ireland Traveller Health Study (2010) found that poor mental health among Travellers was shaped by “interacting forces” including discrimination, social exclusion, long term illness, drug misuse, inadequate accommodation, low self-esteem, lower education level, recent bereavement and low levels of trust with service providers.

**Young homeless people and mental health**

According to Focus Ireland (2017), there are currently over 780 young people (adults aged under 25) living in emergency homeless accommodation with almost three-quarters of these young people living in Dublin. This represents a 20% increase from the previous year’s statistics. Young people who are homeless have consistently been shown to demonstrate high incidences of mental disorders (Stephens, 2002; Whitbeck et al., 2000). A recent study of homeless young people in Ireland (Mayock and Parker, 2017: 16) found that mental health difficulties, which were commonly reported
alongside substance misuse issues, affected a large number of homeless young people and acted as a barrier to housing access and sustainability. The study (Mayock and Parker, 2017: 78) also highlighted that insecure living situations caused particular vulnerability for young people with mental health difficulties and “deteriorating mental health coincided with periods spent rough sleeping and/or living (back) in emergency provision.”

**What hurts young people’s mental health?**

The ‘My World Survey’ (Dooley and Fitzgerald, 2012) identified a number of internal and external risk factors which impact on young people’s mental health. Internal risk factors identified included age, gender, depression, anxiety and anger. External risk factors include family status and living arrangements, school demands and performance, experiences of bullying, and ongoing stressful problems in the young person’s life. ReachOut Ireland (2017: 14) identified the key causes of stress in young people’s lives as exams (81%), followed by school (80%), body image (72%), friends (69%), family (63%) and social media (43%). The most frequently reported causes of stress of 17-25 year olds in the ‘My World Survey’ were college followed by money, work and family (Dooley and Fitzgerald, 2012: 56).

**What helps young people’s mental health?**

Similarly, Dooley and Fitzgerald (2012) identified a number of internal and external protective factors which impact on young people’s mental health. Internal protective factors include resilience, optimism, subjective well-being, satisfaction with life, self-esteem and coping. External protective factors included access to social supports, connectedness with family and friends, and use of mental health services when in need. ‘One Good Adult’ was also found to be important in the mental well-being of young people. Over 70% of young people reported receiving very high or high support from a special adult. Receiving support from ‘One Good Adult’ can help young people feel more connected to others, more self-confident, future looking and better able to cope with difficulties than those young people who do not have the support of ‘One Good Adult’

**Issues affecting third level students in relation to mental health:**

**Financial stress**
According to the Nevin Economic Research Institute (NERI, 2015), 15.2% of those living below the poverty line in Ireland are students. In terms of the impact of financial stress, research conducted by the Union of Students in Ireland (USI, 2015) found that 73.1% of students said the high cost of college causes them anxiety or stress. Overall, 95.3% of students thought the cost of college was too high and 72% of students stated they were struggling financially to stay in college. Of those students surveyed, 40% were on a maintenance grant. Over six out of ten (63%) students agreed that if fees increased, they would no longer be able to attend college. The main areas students struggled with financially were registration fees and rent. Students reported financing college fee through parents (35.4%), grants (30%), jobs (27.4%) and loans (7.5%). Of those students who had jobs, 73% said it impacted negatively on their study time.

Housing

According to the Union of Students in Ireland (USI, 2016), the current ‘housing crisis’ in the private rented sector in Ireland is having a significant impact on students who are finding it increasing difficult to find accommodation. Other factors impacting students in terms of housing highlighted by USI (2016) included high, unaffordable rents, a reluctance of landlords to rent for students, low quality accommodation, accommodation that is significant distances from college and lack of rights and legislation to protect tenants. In terms of the impact of the housing crisis on students, the report (USI, 2016: 9) states that failure of landlords to comply with housing standards and their responsibilities cause a “threat to both mental and physical health of tenants.” The study adds that “quality of accommodation may have a great impact on both physical as well as mental health of student tenants.”

USI (2016) states:

“The crux of the issue is the lack of purpose-built accommodation where students are forced to commute or seek poor quality, overpriced accommodation in the private rental sector. To add, rising rent prices in Ireland’s cities (Dublin, Galway, Cork, Waterford and Limerick) as well as commuter belt towns such as Kildare have pushed students out of higher-level education.”

Student drop-out
A study on the subject of student drop-out in Ireland (USI and the National Forum for the Enhancement of Teaching and Learning in Higher Education, 2015) identified mental health problems to be among the main issues which contributed to students leaving third level education. Other factors which were judged to play a role in drop-out among students included bereavement, personal illness and illness of a family member. The study found the most important factors which influenced student’s decision to leave college included were stress, course content not as expected, financial difficulties and course workload too high. The study (2015: 10) highlighted that dropping-out of college is usually “a culmination of a number of factors including: illness; mental health/stress; failing exams; financial pressures; difficult living arrangements; living away from home; and difficulty of combining college with employment.”

**Harassment, Stalking, Violence and Sexual Assault**

‘Say Something’, A Study of Students’ Experiences of Harassment, Stalking, Violence & Sexual Assault conducted by the Union of Students in Ireland (USI, 2013: 6) found that 16% of students reported having experienced some form of unwanted sexual experience, 11% women reported that they had been subject to unwanted sexual contact, 5% were the victims of rape and a further 3% were victims of attempted rape. Less than 1% of men reported being victims or either rape or attempted rape. Perpetrators of unwanted sexual experiences were most likely to be ‘acquaintances’. Alcohol was found to play a significant role in unwanted sexual experiences with perpetrators and the victims believed to be under the influence of alcohol in over six out of ten cases. They study also found very low levels of incident reporting, with only 3% of victims of unwanted sexual experiences reporting incidents to the Gardaí. Just over four in ten victims of unwanted sexual experiences felt it had affected their mental health and well-being.

In terms of physical mistreatment, the study found that 15% of students reported they had been subject to hitting or physical mistreatment. One in ten students stated they reported physical violence to the Gardaí. As regards harassment, 9% of female students reported “experiencing comments with a sexual overtone which made them feel uncomfortable while in a learning environment.” Almost a third of females or other respondents reported feeling harassed or intimidated while at their current institution. Finally, 10% of women reported that they had experienced “obsessive behaviour that made them afraid or concerned for their safety.” One third of victims of obsessive believed that these experiences had affected their mental health and well-being and over 40% felt it impacted relationships and studies (USI, 2013:7).
Section 2: Findings of a Consultation with Young People aged 19-24 on Mental Health and Well-Being

About the consultation

On the 17th November 2016, the first Youth Engagement to the National Taskforce on Youth Mental Health was held in partnership between the Department of Health, the Department of Children and Youth Affairs, and the Youth Reference Group chairs. A team from both the Department of Health and the Department of Children and Youth Affairs ensured that appropriate safeguarding and supports (e.g. counselling, social work, follow-up) underpinned the consultation. Minister Helen McEntee opened the evening by explaining the importance of communities, and the duty to collectively support young people to create an environment that protects young people, minds young people, and promotes positive mental health and wellbeing.
“I believe there is a lot we can do – each of us in our own lives and all of us working together – to ensure that every young person in Ireland is supported to build their own resilience and emotional wellbeing.” [Minister Helen McEntee]

About the young people

In total, 22 young people attended the consultation with an age range of 19-24 years. In terms of geographical representation, participants came from Dublin (N=14), Meath (N=1), Tipperary (N=1), Wexford (N=1), Donegal (N=1), Kildare (N=1), Cork (N=1) and Wicklow (N=2). As regards recruitment, an open invitation was issued using Eventbrite and was promoted on Twitter through the Department of Health and Taskforce members. Targeted recruitment of seldom-heard voices was also run through a number of youth organisations.

Consultation methodology

A member of the Department of Youth and Children Affairs welcomed the group and facilitated ‘ice-breaking’ team games which put the group at ease and allowed participants to converse and work together prior to the commencement of the discussions.

After the introduction, young people took part in an ‘open space session’ in which participants were given coloured post-it notes each and asked to write responses to the question, ‘What helps young people’s mental health?’ Young people then stuck their post-its on the wall. Next, participants were given coloured post-it notes each and asked to write responses to the question, ‘What hurts young people’s mental health?’ Young people again stuck their post-its on the wall. A number of young people then volunteered to categorise and group the post-its into themes. After that, the young people were divided into five different groups based on age, each with an adult facilitator.

A World Café method was employed to obtain the young people’s opinions, views, insights and suggestions surrounding mental health and what the Taskforce can do to help improve the current situation in Ireland. ‘World café’ methodology involves young people discussing each theme and writing on a placemat and then moving tables to discuss the next topic. This allows young people see what other young people have written on the theme on each placemat and add to it.
Each theme was discussed and was guided by the following three questions:

1. Can you provide more details?
2. What can the Taskforce do to help/reinforce this?
3. What would success look like?

Young people were then asked to vote on priority issues using sticky dots, placing two sticky dots per theme beside actions they deemed to be priorities for the Taskforce.

Key Themes

Five key themes were prioritised in relation to the question ‘What hurts your mental health?’:

- Family and friends (relationships)
- Stigma
- Feeling alone and isolated
- Lack of support services
- Stress

Four key themes were prioritised in relation to the question ‘What helps your mental health?’:

- Hobbies and activities
- Relationships
- Support structures
- Keeping busy
Section 3: What Hurts Young People’s Mental Health?

Overview

This section of the report details the findings of the consultation with young people aged 19-24 years in relation to the question ‘What hurts your mental health?’. The five key themes identified by young people were:

- Family and friends (relationships)
- Stigma
- Feeling alone and isolated
- Lack of support services
- Stress

Theme 1: Family and friends (relationships)

Family circumstances

In relation to the impact family and friends and other relationships can have on young people’s mental health, family circumstances were highlighted as an important factor. For example, where
families live can impact upon the kind of services that are available to young people and parent’s financial situations can impact on a young person’s ability to access suitable mental health services and to afford private health insurance. Participants referred directly to services such as private counselling and services associated with private health insurance.

**Lack of communication**

Lack of communication with family members around mental health was another concern raised by participants. In some instances, young people stated they would be reluctant to open up to their families about mental health issues for reasons such as other family members having experienced mental health conditions in the past and not wanting to worry parents. Young people also felt lack of communication with families on mental health can arise due to lack of understanding and intergenerational generational differences on the issue. The group thought that in some instances families can feel ashamed of having someone with mental health problems and therefore, young people are reluctant to share these problems with family members. Participants also mentioned that families can set high standards for them.

**Friends**

In relation to friends, participants discussed feelings of not fitting in and falling out with others. Transitions from secondary school to college and consequent changes in friend groups, i.e. losing and gaining friends, was identified as an issue which can have a significant effect on young people’s mental well-being. Participants spoke about an isolation which can occur due to changes within a friend group. Finally, participants mentioned that there can be a fear of burdening friends by discussing mental health issues with them.

**What can the Taskforce do to help in relation to family and friends and other relationships?**

The following recommendations are ranked from the most to the least commonly identified by young people at the consultation:

- Continued professional development for GPs, teachers etc.
- Training for young people to support friends and family
- Education on consent within romantic relationships
• Create a holistic approach to mental health recovery, e.g. engage young people, their families and friends in their care
• Provide support services, education and information for family members of those with mental health difficulties
• Sustained mental health supports in schools not just a one day session
• Mixed instead of single sex schools
• Mental health workshops that involve parents
• Give young people in schools the tools to look after their own mental health and also to recognise signs of mental health issues in their friends
• Have opportunities for young people to talk with friends after mental health talks in schools

• Regulate how faith based schools can discuss issues such as relationships, abortion, sexual health, anxiety, LGBTI in the context of religion which may cause mental health issues
  ➢ “Peer support is probably the most used and first point of call so why not give peers the tools and resources to manage these issues and conversations.”

What would success look like in relation to family and friends and other relationships?

• Open and honest conversations between generations, e.g. on mental health, sex, relationships, social media
• Awareness and education on mental health for GPs, parents, families and friends, e.g. how to recognised signs of mental health difficulties in young people
• Accessible mental health services in the community
• Friends and family involved in the recovery of young people in care
• Aftercare services for young people with mental health issues
• Support services for the families of young people with mental health issues
• Affordable family therapy
• Funding for mental health workshops
• Older generations understand ‘it’s ok not to feel ok’

**Theme 2: Stigma**

Lack of understanding of mental health
In relation to the issue of stigma, participants discussed an array of forms in which stigma can manifest itself, with recognition to both the breadth and impacts of its consequences. The group highlighted how mental health terms are often misused. Participants discussed the fact that the term ‘mental health’ is often used as an all-encompassing term, thus grouping all mental illnesses under the one heading, when in reality there are huge differences between mental illnesses. For example, young people highlighted that anxiety and psychosis are very different but can be grouped under the same umbrella term. Similarly, the participants described how mental illness can be trivialised by advice such as being encouraged to go for a walk. Participants felt that such advice was useless when an individual may be feeling suicidal or having a psychotic breakdown. The group also spoke about how some conditions are more stigmatised than others and that misinformation and rumours around lesser known mental health illnesses can lead to more stigma. Participants also raised concerns in relation to acute mental health illnesses not being spoken about in the context of young men. Finally, the group discussed how sometimes healthcare professionals can be patronising towards young people with mental health issues.

Feel of being labelled

Respondents discussed the effect of labels, for example young people may not want to fit a certain label and therefore may not seek help. Other issues which arose included a fear that opening up about mental health may be perceived as a person not being able “to keep up with demands of the 21st century life”. The young people highlighted that by having designated mental health services, people know where you’re going and that you aren’t well.

What can the taskforce do to help in relation to stigma?

The following recommendations were made to the Taskforce by young people in relation to stigma and are listed from the most to the least important priority areas:

- Create more awareness around mental health issues, e.g. awareness/advertisement campaigns on lesser known mental illness and put mental health on the same footing as physical health
- Improve young people’s understanding of mental health, e.g. teach about mental health in primary schools, have talks in secondary schools from people who have experienced mental health difficulties, provide young people with tools to look after their mental health and recognised the signs of mental health difficulties in friends
• Put more mental health preventative services in place
• Integrate mental health services into other everyday places/services to reduce stigma of young people accessing care
• Encourage openness and discussion on mental health issues
• Ensure there is mental health promotion in communities and schools
• Introduce mandatory counselling in schools
• Provide group counselling sessions for young people
• Regulate how faith based schools can discuss issues such as relationships, abortion, sexual health, anxiety, LGBTI in the context of religion which may cause mental health issues

➢ “Give kids in school the tools to look after their own mental health and also to recognise mental health issues within their friends. Peer support is probably the most used and first point of call so why not give peers the tools and resources to manage these issues and conversations.”

➢ “Having services not only for mental health so others won’t know it’s for mental health.”

What would success look like in relation to stigma?

• Young people and adults can talk openly about their mental health
• Mental health services are more widely available, e.g. counselling in sports clubs
• Young people with mental health issues are more proactive about seeking help at an early stage
• Young people are accepted for who they are regardless of their mental health condition
• People with mental health issues are not afraid they will be discriminated against when applying for a job
• More mental health education and information is available
• People understanding the recovery process for mental health conditions
• Mental health is put on an equal footing with physical health

Theme 3: Feeling alone and isolated

Young people’s experiences of feeling alone and isolated
Participants highlighted the fact that young people can feel lonely even in a full room of people. They described isolation as a stepped process which may occur over a long period of time, whereby an individual may not even be consciously aware of it happening. This process of gradual withdrawn was described as a self-perpetuating cycle in which a person may feel like nobody cares and thus pulls back and becomes more isolated, creating a cycle which leads to further feelings that others don’t care leading once more to further withdrawal. The group described the sense of hopelessness associated with feeling alone and isolated. Participants stated that in some cases where people have mental health issues, friends may become frustrated trying to get through to them and as a result may stop trying. The young people also suggested it can be difficult to find meaningful connections.

**Impact of social media**

The young people highlighted the implications social media has on feelings of isolation and feeling alone. Social media was described as making people disconnect with reality. The group spoke about how social media creates pressures for young people, e.g. people checking in wherever they go which creates a sense of “what you should be doing”. According to one young person social media “can create an illusion such that people’s social media exposure (photos, events) means they have more friends than you do and a better social life than yours and you begin to hate yourself for something that’s not even real.”

**What can the Taskforce do to help in relation to feeling alone and isolated?**

Recommended actions for the Taskforce made by young people in order of priority included:

- Provide young people with mental health issues and in mental health services with mentors, support workers and guides who know the system and can help young people navigate how to get the care they need
- Provide training for young people to offer mental health peer support
- Assign young people with mental health issues to their own consultant psychiatrist in adult mental health services and do not change them between medical professionals
- Run professional programmes for children in primary and secondary schools on mental health organised and facilitated by GPs/ psychiatrists, e.g. tools to deal with mental health problems, positive and negative aspects of social media, body image, how to recognise signs of mental health issues in friends
- Ensure there are no waiting lists for mental health services for young people
• Establish outreach mental health services to rural areas
• Ensure there is a smooth transition between adolescent and adult mental health services, e.g. similar to the Jigsaw model
• Promote and increase awareness of mental health issues and existing mental health services
• Regulate how faith based schools can discuss issues such as relationships, abortion, sexual health, anxiety, LGBTI in the context of religion which may cause mental health issues
• Have young mental health guides
• Ensure mental health services are area specific to focus on people in one area and allow for consistency in mental health care professionals
• Fund more community centres in inner cities
• Promote mental health initiatives such as ‘Buddy benches’, Big Brother Big Sister Youth Mentoring Programme
• Provide more youth services within adult mental health services

What would success look like in relation to feeling alone and isolated?

• Genuinely happy young people
• Mental health assessments based on the whole person rather than on problems/issues
• People don’t judge themselves based on everyone else, don’t put themselves down and feel confident in their own lives and abilities
• Young people are kept busy
• Young people knowing how to access help
• Everyone having even just one person to trust and talk to
• More inclusive and accepting society of people from all background
• Having a streamlined service you can access at one point, e.g. a mental health advocate and liaison that stays in contact as a constant throughout your care and knows how to access care
• Having peer support groups where you can be in a space with others who have an experience of mental health and can be a shoulder to lean on.
• Safe spaces for young people.
• Freedom of expression for young people
• Inclusion of all young people
• Not being seen as a number but as a person
• Structured good quality mental health service in every county
• Youth centred supports provided within the adult mental health services
• People openly talking about mental health
• Create your own success- will be different for everyone
• A county where all children cherished equally
• Young people can pursue their interest and passion

**Theme 4: Lack of support services**

**Lack of services**

Young people highlighted the lack of mental health support services and how this impacts upon mental health. The groups felt there was a lack of transitional services from child and adolescent mental health services to adult services and that some professionals lack engagement with young people. The participants also thought there are not enough services in counties other than Dublin and a lack of acute beds across the country.

**Cost of accessing support services**

Another issue identified relating to lack of support services was the cost of care. It was perceived that the cost of private care was unaffordable and that the waiting lists for public care is too long with one young person stating, “you could be dead by the time you get help.” The fact that some private healthcare providers do not cover mental health services was also highlighted.

**Lack of mental health training**

A lack of mental health training among some medical professionals was highlighted as another key issue in relation to a lack of support services. Some young people felt that GPS “hand out anti-depressant medication too easily” and generally do not have adequate mental health training. It was suggested that some medical professionals “tiptoe” around issues such as suicide.

**Issues within mental health services**

Within mental health support services, there was a perception among young people that there not enough trained professionals to help mental health inpatients in hospitals. Some young people
spoke about how many places which offer mental health support are too clinical and gloomy. Participants also raised concerns that mental health support services are only accessible during office hours. Some young people who had accessed mental health services spoke about being given unrealistic recovery timeframes.

**Lack of mental health awareness and services in schools**

Finally, a lack of awareness in schools around the issue of mental health was identified as another issue in terms of lack of support services.

**What can the Taskforce do to help in relation to a lack of support services?**

In relation to a lack of support services, young people proposed the following recommendations on how the Taskforce can help:

- Provide more training on youth mental health, e.g. mental health specific training for GPs, medical professionals are trained on how to deal with younger patients
- Provide counselling in schools as a first point of contact
- Establish an independent National Youth Advocacy Service
- Provide training in schools for young people to offer mental health peer support
- Provide transition mental health services for young people aged 18-25 who have left CAMHS
- Make mental health clinics youth friendly
- Provide equal mental health support in urban and rural areas
- Create more awareness of mental health support services, e.g. through advertising talks in schools, posters in bus stops
- Address the stigma of mental health
- Take a holistic approach to mental health, e.g. biopsychosocial model
- Close disparity between 18-year-old patients in adult psychiatric wards
- Create safe centres for 18-25 year olds with therapy services in a relaxed environment
- Create a national contact network service for young people
- Run resilience workshops in schools
- Introduction of a mental health curriculum in schools and wellness resources action planning in SPHE
- Have 24/7 mental health services
Provide mentors to support young people with mental health issues

**What would success look like in relation to a lack of support services?**

- More youth friendly rooms
- Schools offer formal and informal support
- People in rural areas are not disadvantaged
- Person tailored services
- Early intervention
- 24/7 helpline and outpatient services
- Somewhere available that young adults can go to feel safe in a crisis and get help
- People know where to go to get help
- Introduction of mentors within mental health services
- A tailored mental health service developed to suit the individualised needs of young people 18-25 years
- Integrated care pathways for smooth transition from acute services to community services
- Plenty of resources available
- Young people feeling empowered in their care, able to enrich services, having voices heard
- Shorter waiting times for services
- An appropriate length of time in services rather than just 6 weeks
- Having a programme where young people can prepare and go back to their community after care
- Being able to get care immediately at any time in A and E etc.
- A young person specific psychiatric ward (18-25 years) in hospitals
- Move inpatient beds for adolescents/ young people
- Being able to access support
Theme 5: Stress

Impact of stress on young people

Another factor implicated in hurting mental health was stress. The young people described the physical symptoms of stress such as feeling stressed, decreased focus, interrupted sleep, eating or not eating and described these symptoms as very difficult. The participants highlighted that there is a lack of support to help with stress and unrealistic expectations of how their lives should be which caused stress. The participants also noted that stress can often be belittled by others.

Financial stress

The participants described having a lack of money as a source of stress. Some young people felt the Student Universal Support Ireland (SUSI) system contributed to financial stress as it was perceived to be a hard process to navigate which often meant young people had to rely on parents or loans for financial assistance.

Education related stress

The group also discussed how education related stress such as college deadlines and presentations contributed to stress for this age group. Other stresses identified included job and career issues.

What can the Taskforce do to help in relation to stress?

The following recommendations, from the most to the least prioritised, were identified in terms of what can the Taskforce do to help in relation to stress:

- Provide financial management services for young people in third level education
- Provide young people with coping skills for dealing with stress, e.g. stress management and resilience workshops for secondary and third level students, teach young children how to deal with stress from primary school age
- Make SUSI more accessible for young people, e.g. without parents/guardian’s consent, more accessible for those repeating with mental health circumstances
• Provide more effective acute services for young people with mental health issues
• Teach mindfulness in primary schools, secondary schools and colleges
• Teach life skills in school, e.g. taxes, finances etc.
• Provide supports for young people transitioning from school to third level education and third level education to the workplace
• Train teachers on the signs of stress in the classroom and how to decrease stress in the class
• Introduce training on presentations in the primary and secondary school curriculum
• Provide equal mental health supports and services in rural and urban areas
• Create a youth focused pathway of care for accessing mental health services
• Create more awareness around stress and its symptoms, e.g. national awareness campaign
• Independent counselling services should be provided for employees in corporate and public system
• More availability of counselling services in colleges

What would success look like in relation to stress?

• Young people knowing how to manage stress/ learn coping mechanisms.
• Being able to enjoy life.
• More awareness around stress – relieving techniques and available supports
• People learning in school and college how to deal with stress
• Young people knowing the roadmap of seeking help
• Young people can afford good food
• Children and young people do regular meditation in school as part of curriculum
• More emphasis on importance of guidance counselling with less of a focus on work and more in general on life stresses

Section 4: What Helps Young People’s Mental Health?

Overview
This section of the report documents the findings of consultation event in relation to the question ‘What helps your mental health?’. The four key themes identified by young people were:

- Hobbies and activities
- Relationships
- Support structures
- Keeping busy

Theme 1: Hobbies and Activities

Mental health benefits of hobbies and activities

Participants described a hobby as something separate to work which they enjoy. The young people highlighted the benefits of hobbies and activities including increased self-confidence and self-esteem, personal development, helping to destress and providing a purpose. They noted the importance of meeting other people with similar interests through hobbies and activities and suggested there should be wider accessibility to youth services.

What can the Taskforce do to reinforce hobbies and activities?

Recommended actions for the Taskforce in terms of reinforcing hobbies and activities, from the most to the least mentioned included:

- Run awareness campaigns on how hobbies and activities can boost mental health and self-worth
- Explore ‘Autonomous Sensory Meridian Response’ (ASMR)
- Provide free classes and activities to young people
- Create opportunities for young people to try new hobbies/activities, learn new skills and socialise, e.g. through community youth projects
- Introduce public speaking workshops in Transition Year
- Put on free gigs and plays with bands and young people from the community
- Encourage extra-curricular activities in school and college
- Youth mental health service run hobbies and activities
- Provide free/cheap activities for young people
- Public facilities provide more access to group activities e.g. public football pitches, tennis courts, with equipment available
• Free activity centres for young people
• Fund a National Advocacy service for young people, e.g. create spaces/groups across the country where young people can give back and help enrich mental health care and empower them to have their voices heard
• Reduce number of hours in working day, e.g. like the Swedish model of a 6-hour day
• Introduce pet therapy in schools/work places/college, e.g. bring in dogs
• Having music lessons or instruments more accessible to young people, e.g. music rooms in colleges with pianos

What would success look like in relation to hobbies and activities?
• Hobbies and activities viewed as being valuable by employers
• Wide range of clubs for rural and minority groups
• All young people have their right to relax, play and to join in a wide range of activities
• Improved physical and mental health
• Improves self-esteem, builds friendships, gets young people out of house
• Free activities, classes’ hobbies in communities
• A national independent advocacy service-funded to ensure the voices of young people in mental health services are heard and creates an outlet for young people to give back not just available in not for profit services
• Being able to try new things to find out what works for you
• A fully engaged youth
• Always have something available to keep you occupied
• Happier and more content young people

Theme 2: Relationships

Mental health benefits of relationships

The young people described relationships as being helpful for their mental health, for example being able to talk about problems to people they trust can be very beneficial. Participants stated that relationships with friends, family and others can often be the first point of contact to seek support in terms of problems. They felt informal support such as this can be very beneficial to ensure problems
do not escalate. Participants also stated that family and friends can play an important role in terms of recognising when young people are not feeling well mentally as they often know the person best.

What can the Taskforce do to reinforce relationships?

- Fund alcohol free, drug free, safe, comfortable spaces for young people around the country e.g. youth groups and youth centres where young people can meet once a week including weekends, share experiences, discuss issues and make friends
- Teach young people skills and tools to support themselves and their friends in schools, e.g. create peer support networks in schools to provide skills so friends know what to do if someone comes to them
- Run advertising campaigns on the importance of friendship and tolerance in terms of mental health
- Introduce mental health education for parents from primary school age, including helping parents with mental health literacy, e.g. knowing what language to use
- Having a person to talk to outside your own social circle
- Educate family members on mental health to encourage a safe and open discussions within the family units
- Provide mental health aftercare support services
- Include consent education in the RSE curriculum
- Explore ‘Autonomous Sensory Meridian Response’
- Provide free classes and activities for young people
- Run metal health workshops in the community, e.g. community centre
- Disseminate information from research findings on friends as protective factors
- Promote messages such as the importance of ‘one good adult’ from the ‘My World Survey’
- Have a community social worker present in the community to offer support to young people who may feel alone and not want to talk to parents or teachers
- All students should get a tutor who they see for 15 minutes a month to review progress who will refer them to services if needed and discuss school/college too

➢ “Introduce education for parents from when kids are young, in primary schools so when their children have problems later, it’s not such a big step for kids to talk about. That it’s
‘normalised’ for parents so that when their kids will unavoidable experience difficulties, so when kids talk to parents, it’s not such a big step, not as difficult.”

➢ “The Taskforce should fund youth groups where young people meet regularly to drink tea, eat chocolate and catch up once a week all over Ireland.”

What would success look like in relation to relationships:

- Positive engagement between family unit/friendships on mental health
- Young people feel they can open up to family members about mental health issues
- Healthier relationships for young people
- Mental Health Awareness within the community
- Parents can cope with children in crisis
- Young people being comfortable with friends who come to them with problem
- Mental health literacy
- Signposting to services
- Listening skills
- That having mental health issues is not seen as a catastrophe, something negative on the family – but part of life that is manageable
- Young people with an understanding of consent
- All young people have one good adult friend

Theme 2: Support structures

The young people listed the following support structures which they feel help their mental health:

- Jigsaw
- Headstrong
- The Samaritans
- LGBT support groups, e.g. BeLonG To
- GirlCrew, a platform for women to make new friends
- Amen, an organisation that supports men suffering from domestic abuse
- Men’s Sheds
Youth empowerment services
Safe spaces
Mental Health Apps, e.g. Pacifica, an anxiety, stress, & depression relief App

“GirlCrew is a group for young women to meet and do activities and make friends. It’s good for those moving to Dublin and don’t know anyone.”

What can the Taskforce do to reinforce support structures?

Recommended actions for the Taskforce ranked in order of priority included:

- Ensure those working with young people, e.g. teachers, youth workers, coaches, get training on mental health so they can support young people with mental health issues
- Have a “quiet” room in every college
- Promote positive role models in social media
- Set up a 24-hour text service similar to the Samaritans
- HSE funding for advocacy services
- Provide GP training on mental health support
- Ensure all young people in mental health services have their voices heard and know their rights and responsibilities, e.g. mandate that all youth mental health services with impatient units have access to an advocate (not just for section 25s) and have youth panels where young people can engage with services
- Have a Jigsaw centre, everywhere in the country so every young person can access help when they need and fund them to stay open for longer
- Ensure there are no waiting lists to access mental health services
- Increase funding for resource centres in low income areas
- Ensure there are properly trained guidance counsellors and tutors in schools/college
- Provide free classes, activities and groups for young people at accessible times
- Mindfulness in Irish, so native speakers have it in their native tongue
- Develop free guided mediation apps like headspace App
- Develop an Irish version of the App ‘Pacifica’
- Include consent education in RSE curriculum
- Have celebrity talks about mental health
“Text service 24 hour like the Samaritans during the night – nobody can hear you talking to them.”

“The Taskforce can mandate that all youth mental health services, with impatient units have access to an advocate (not just for section 25s) and that a full panel of advocates (young people who want to be on a panel) so that service users have their voices heard need to ensure that all young people have their voices herd in care – know about their rights and responsibilities in care and have panels where young people can engage.”

What would success look like in relation to support structures?

- Supported minority young people, e.g. through NGO training
- No waiting lists for mental health services
- A national advocacy panel for inpatient care similar to the Youth Empowerment Service (YES), a youth advocacy service in St Patrick’s Mental Health Services
- A consistent approach to school and college mental health counselling services
- Students feeling supported and valued in school

**Theme 4: Keeping busy**

The young people highlighted the importance of keeping busy in terms of their mental health. Keeping busy was described as:

- Things to do Monday to Sunday when in inpatient care
- Having a routine which allows for time for self-care
- Having a plan or a goal for the day
- Getting involved in activities
- Minding yourself
- Looking after your general health

The participants also noted the importance of schools, colleges and workplaces that are considerate of need for mental health awareness and self-care.
What can the Taskforce do to reinforce young people keeping busy?

Actions recommended by participants for the Taskforce in relation to reinforcing young people keeping busy included, from the most to the least prioritised included:

- Provide free mental and physical well-being workshops/classes for young people, e.g. fitness plans, healthy eating ideas, mental fitness
- Life skills workshops in schools
- Promote the importance of self-care
- Promote balanced lifestyles, e.g. in schools, media campaigns
- Subsidise activities in communities for young people to keep busy e.g. community gyms, music halls
- Ensure there are adequate staff levels in mental hospitals to enable patients to be active
- Promote wellbeing in schools and colleges, e.g. ‘mental health sick days’, what’s good for your mental health
- Provide free after school study

What would success look like in relation to young people keeping busy?

- Young people not out on the streets
- Less anti-social behaviour
- Timetable of activities for people in hospital – beyond just meals and classes and therapy
- An approach to care where nobody is completely left alone when trying to get the care they need – always a resource they can use while waiting on care
- A society where caring for yourself and your mental health is valid and respected by employees
- More employment for young people and recent graduates
- An engaged Irish Youth
Section 5: Summary of Key Findings

Overview

This section provides a summary of the key findings under each theme from a consultation with young people aged 19-24 years on mental health and well-being.

What hurts young people’s mental health?

Family and friends (relationships)

Family living and financial circumstances were found to have a negative impact on young people’s mental health as well as lack of communication with family members around mental health and difficulties in relationships with friends. Key recommendations related to family and friends included continued professional development for GPs and teachers and peer support training for young people.

Stigma

A lack of understanding around mental health as well as the fear of young people being labelled were the main issues identified with regard to stigma. Recommendations to reduce stigma included
creating more awareness around mental health issues through awareness/advertisement campaigns and improving young people’s understanding of mental health through education in schools.

**Feeling alone and isolated**

Young people discussed their experiences of feeling alone and isolated and highlighted the negative role social media can play in inducing these feelings. Providing young people in mental health services with mentors/support workers who can help them navigate the system and providing training for young people to offer mental health peer support were the main recommendations with regard to this theme.

**Lack of support services**

According to young people, a lack of transitional services from child and adolescent mental health services to adult services, the cost of accessing support services, a lack of mental health training among some medical professionals, issues within mental health services such as lack of staff and lack of mental health awareness in schools were all identified as negatively impacting on young people’s mental health. Key recommendations made relating to support services included more training for medical professionals on youth mental health, more counselling in schools as a first point of contact and to establish an independent National Youth Advocacy Service.

**Stress**

Stress was shown to impact young people’s mental health very negatively and the two main causes of stress highlighted were financial stress and education related stress such as exams. The top recommendations made were to provide financial management services for young people in third level education and to provide young people with coping skills for dealing with stress in schools and colleges.

**What helps young people’s mental health?**
Hobbies and activities

The mental health benefits of hobbies and activities for young people included increased self-confidence and self-esteem, personal development, helping to destress and providing a purpose. The key recommendation in relation this theme was to run awareness campaigns on how hobbies and activities can boost mental health and self-worth in young people.

Relationships

Benefits of relationships in terms of mental health included having someone to talk about problems and friends and family being the first point of contact to seek support in terms of problems before they escalate. Funding alcohol free, drug free, safe, comfortable spaces for young people and teaching young people skills and tools to support themselves and their friends in schools were they main recommendations.

Support structures

Support structures such as mental health support services, NGOs who support specific groups of young people and mental health Apps were mentioned as being important to help young people’s mental health. The key recommendation in relation to support structures was to ensure those working with young people, e.g. teachers, youth workers, coaches, get training on mental health so they can support young people with mental health issues.

Keeping busy

Finally, young people highlighted the importance of keeping busy in terms of their mental health including young people who are in inpatient mental health care. The main recommendations in terms of keeping busy were to provide free mental and physical well-being workshops/classes for young people, e.g. fitness plans, healthy eating ideas, mental fitness and life skills workshops in schools.
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