



Submission on Mental Health Supports in Schools and Tertiary Education

Prepared for:

The Joint Committee on Education,
Further and Higher Education, Research,
Innovation and Science

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1 Introduction

IPPN is the officially-recognised professional body for the leaders of Irish primary schools. It is an independent, not-for-profit voluntary association with a local, regional and national presence. Recognised by the Minister for Education as an official Education Partner, IPPN works with the Department of Education, the National Parents' Council, the Ombudsman for Children, management bodies, unions, education agencies, academic institutions and children's charities towards the advancement of primary education. IPPN articulates the collective knowledge and professional experience of over 6,000 Principals and Deputy Principals.

This submission captures the issues, concerns and suggestions of primary school leaders in relation to the mental health supports available to the children in our schools and IPPN's proposals to address the deficits therein. We would welcome an opportunity to address the Committee in relation to the proposals put forward and to answer any questions the Committee may have.

2 Executive Summary

Schools leaders have identified increasing levels of emotional ill health, including anxiety and depression, among children in our primary schools. Waiting lists for mental health services, which were already overstretched, have lengthened considerably since the pandemic. It is far from clear where schools and parents can go for help and support when children are distressed and need help. Mental health is a societal issue and, as such, IPPN believes that a school community-based approach to tackle these issues is the optimal way to achieve successful outcomes for children. The services providing mental health support to children are inadequate and experience significant recruitment issues. In the meantime, children continue to suffer and problems escalate to a moderate or severe level.

The key issues to be addressed include

- the ongoing impact of the pandemic, including on children's ability to access learning
- the waiting lists and times to access services
- the need for early intervention and
- the lack of joined-up thinking.

IPPN's recommendations centre on supports

- to develop a culture of wellbeing in schools
- to ensure a seamless, integrated approach across the health and education sectors;
- to establish teams of health & education professionals working with clusters of schools
- to provide necessary and timely access to supports for children
- to pilot these approaches to support children's mental health.

As a societal issue, it behoves everyone involved in health and education – including policy-makers and officials in relevant government departments - to take seriously the inadequate approach to the provision of mental health supports to children and to take the necessary measures to fully address the deficits.

3 Context

Schools leaders have identified increasing levels of emotional ill health, including anxiety and depression, among children in our primary schools. Children are presenting, at an increasingly young age, with mental health issues. What was once considered to be mostly a second-level issue is now presenting primary school communities with significant challenges. These challenges have been exacerbated by the pandemic, the resulting closure of school buildings and the cessation of services, as well as the intake of children from Ukraine who may be suffering trauma and stress. Waiting lists for services such as CAMHS, already overstretched, have increased by over 40%. The effects of homelessness on children continue to impact on their learning. It is far from clear where schools and parents can go for help and support when children are distressed. An integrated continuum of support and the means to access that support need to be put in place. Mental health is a societal issue and, as such, IPPN believes that a school community-based approach to tackle these issues is the optimal way to achieve successful outcomes for children.

While it is acknowledged that there is a range of national, regional and local supports available to schools, these supports and services are largely ad hoc and inadequate. They do not integrate with each other and it is unclear which services to engage with, when and how. The services providing mental health support to children are inadequate and experience significant recruitment and capacity issues. In the meantime, children continue to suffer and problems escalate to a moderate or severe level. Children, their parents and teachers are struggling.

IPPN offers some recommendations to address a situation that will have long-term effects on children, leading to long-term societal implications.

4 Issues to be addressed

4.1 Impact of pandemic

The impact of remote learning on children from disadvantaged backgrounds and those with special educational needs is well documented. For all children, missing out on the social aspects of education has had a devastating effect on the development of relationships. The relationship between home and school has also suffered in many cases due to Covid protocols and reduced opportunities for face-to-face engagement. School leaders indicate that some children have become more withdrawn and instances of absenteeism and school reluctance have increased. Schools need to prioritise these issues in order to put wellbeing at the heart of the school community.

4.2 Support services

The closure of primary care and family services during the pandemic had another major impact, with waiting lists for mental health services, including CAMHS, increasing significantly. The difficulties of recruitment experienced by service providers such as NEPS, CAMHS and Tusla add greatly to the length of time children have to wait before engaging with these services. As they wait, mental health problems escalate to moderate and severe levels, putting further pressure on already over-stretched services.

4.3 Engagement with learning

For children experiencing mental health issues, their ability to function in day-to-day activities is affected, as is their ability to access learning. In the absence of appropriate services, children, their parents and teachers become overwhelmed to a moderate or severe degree.

4.4 Behaviours of concern

All of these issues result in an increase in the prevalence of behaviours of concern in classrooms and school yards. Schools struggle to manage cases of extreme behaviour, due in part to a lack of relevant training as well as capacity issues in the support services such as National Behaviour Support Service (NBSS). Managing the behaviour becomes the focus, often with negative

consequences. The cause of the behaviour is not addressed, as schools and parents do not have access to the professional supports or guidance needed for the child.

4.5 Early intervention

Early intervention is essential to address wellbeing for all, for those who need support and for the few who need specialist intervention (per NEPS Guidelines and Framework).

4.6 Lack of joined-up thinking

Currently, the state services provided under the Departments of Health and Education are completely separate and disjointed, with no linkage between the services provided by either department and little or no communication about the children accessing the services. Because of the inadequate and ad hoc nature of service provision, and the lack of joined-up thinking, support to children is inadequate, as is feedback between the services and the school.

5 Recommendations

5.1 Developing a culture of wellbeing

Schools, with the support of NEPS, SESS and PDST, have achieved much in recent years to prioritise wellbeing as part of the School Self Evaluation (SSE) process and School Improvement Planning (SIP). School communities continue to focus on establishing a culture of inclusion with school staff, parents and the local community working closely together. In many areas, Tusla's Meitheal Support Services have been established as case-coordinated, multi-agency interventions, to bring a range of expertise, knowledge and skills to meet the needs of the child and family within their community. This model of coordinated partnership and other community-based services have established very effective actions to support children. However, much of the support is philanthropic and voluntary. Influencing and developing a positive school culture takes time, effort and needs constant monitoring. These initiatives, only available in certain areas, need to be supported and developed on a national basis. Directing children's energy into positive pro-social activities and promoting community involvement in schools will further strengthen the wellbeing work of the school.

5.2 Seamless support from Health and Education

It is essential that there is an immediate response to concerns about a child's mental health. In IPPN's view, this needs to be school community-based to support the child, parents and staff, with

Health and Education systematically and seamlessly working together to provide the required services. A child's needs cannot be compartmentalised separately into health or education.

The teacher is often the first person to recognise when a child experiences difficulties. Families are vulnerable when dealing with the mental health issues of their children and struggle to access the most appropriate supports. A parent/guardian will look to the school to access and provide help for their child. Schools need to know where to go for help, and to identify the most appropriate help for the child whatever the type or severity of the issue – whether that is a play therapist, a behaviour psychologist, an educational psychologist or another type of professional expertise.

5.3 Teams of Health & Education Professionals

Providing supports in isolation or as a stand-alone initiative is far from effective or efficient and is inequitable. It is now time to establish teams of professionals from both the health and the education sectors to work seamlessly with schools. These teams would provide immediate access for school leaders, staff and parents as well as guidance, advice and direction for appropriate services, based on the individual needs of the child for whom concern is expressed. IPPN suggests that these teams be organised such that they can be readily accessed by clusters of schools within regions, and envisages that the work be done on the ground in schools, supporting children directly, where they learn. Clear communication between the professional support services, parents and schools would be paramount, so as to ensure seamless support to children.

The rationale for adopting such an approach to the provision of services is informed by research. For example, teams of health and education professionals from Dorset CAMHS in England have been working directly with schools to provide such a service. Pilot projects were established and data gathered to ascertain the most effective approaches, the results of which indicate successful outcomes for children.

5.4 Pilot approaches to support children's mental health

There is a dearth of research done in Ireland which offers clear recommendations to improve children's access to mental health supports. IPPN strongly urges the Joint Committee to recommend the setting up of a pilot project to implement and evaluate the effectiveness of health and education working directly with schools to provide early intervention, support and timely access to mental health services for children, their families and school communities. There is strong conviction on the part of a number of stakeholders that such a measure should be rolled out nationally. For example,

the Ombudsman for Children, the National Parents' Council Primary and St. Patrick's Mental Health Services are fully supportive of this recommendation.

The importance and centrality of education to society was highlighted during the pandemic. This measure will be an investment in the future. The disparity in funding for mental health services in Ireland compared to the UK and European countries is clear – Ireland spends one tenth the proportion of health spending on mental health compared with the UK - and the consequences are also clear. Waiting lists and times are growing, and more children and families are suffering.

The first step is to establish a pilot project. IPPN recommends establishing clusters of small and medium rural schools, as well as a cluster of large DEIS and non-DEIS urban schools. This will ensure that there is objective research on what works in different school contexts. The evaluation of the pilot would provide valuable research and data on the impact on the mental health of children. IPPN is formulating such a proposal for the Department of Education, with support from the IACP – the Irish Association for Counselling and Psychotherapy - and would welcome the Committee's support.

5.5 Training

School staff – principals, deputy principals, teachers and SNAs – need training, guidance and support in the appropriate response to a concern about a child's mental ill-health. This would include integrated access at the front line to those supports. There are various options as to how training would be delivered initially. However, it is envisaged that the school-based team of professionals would, as part of their role, deliver this much-needed guidance to school staff and families. The voices of the child and the family become central within a network of support, where clear communication is paramount.

5.6 Conclusion

IPPN believes that these recommendations, taken together, would go a long way to addressing the current shortcomings of the state services and alleviate the suffering of children and the concerns of parents and school staff. We look forward to an opportunity to discuss these recommendations with the Committee in due course.