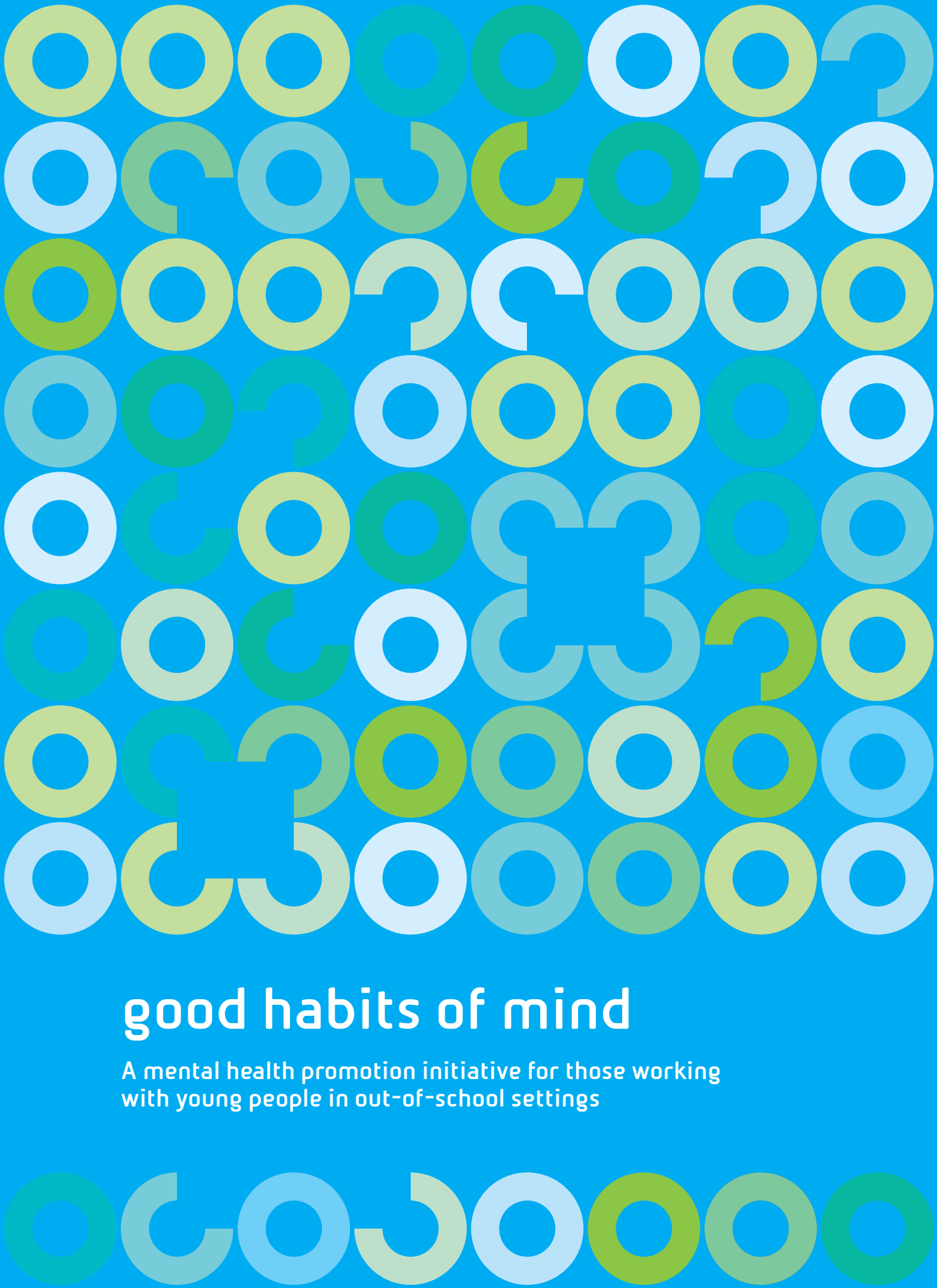

good habits of mind



good habits of mind

A mental health promotion initiative for those working with young people in out-of-school settings

Acknowledgements
The following people are acknowledged for their valuable contribution to the development of Good Habits of Mind – a mental health promotion initiative for those working in out-of-school settings:

Lynn Swinburne for writing the pack.
Teresa Mason for her contribution to the initiative and for writing Chapter 4.

Funders
Health Service Executive Northern Area
National Suicide Review Group

Members of the Reference Group
Alex Cahill
Ann Cheevers/Katherina Nugent
Ann Heffernan
Billy Mc Crea
Donnacadh Hurley
Eamon Boland
Elaine Bruton
Jacqueline Dowling
Karen Doyle
Maeve O'Reily
Mairead Mahon
Mairead Ward/Michelle Ward
Margaret Mc Loughlin
Mark Philip/Cathy Cryton
Melissa Monks/Ger Magee

Members of the Services Group
Jacinta Hastings
Mary Russell
Orla O'Donovan/Brian Smith
Professor Carol Fitzpatrick

Proof Reading
Conor Rowley
Rachel Long

Professional Advice and Support
Angela King
Ann Callanan
Derek Chambers
Louise Monaghan
Maria Doherty
Paul Fitzgibbon
Sarah O'Brien

ISPN: 1-900210-06-1

Foreword

Director of Health Promotion Health Service Executive Northern Area
Maria Lordan Dunphy

Out-of-school settings have an enormous role to play in the lives of young people in negotiating the developmental tasks of adolescence and young adulthood.

From the outset it was envisaged that this project would meet the gap that existed in terms of the mental health promotion of young people who exist outside of the protective environs of school and colleges and support the valuable role played by those working with young people in out-of-school settings who are essential in this endeavour.

We were fortunate in this initiative that we were able to dialogue with a variety of experienced practitioners from the youth sector in North Dublin about mental health promotion and the key issues for them in addressing matters in relation to emotional well being. We hope that we have understood their concerns and that the resource responds in some meaningful way to the needs that exist.

This project sought to examine the information and support needs of those working in out-of-school settings in positively influencing the mental health of the young people. One of the key finding's of the project was that the relationship between the worker and young person is central to the goal of promoting mental health. Of note also was the importance of organisational context for the work, the out-of-school settings themselves need to pay attention to policies that contribute to mental health.

I am very pleased that the National Youth Health Programme of the National Youth Council of Ireland and the Health Promotion Service of the Health Service Executive Northern Area were able to come together for 'Good Habits of Mind'. Lynn Swinburne, who was the Project Worker for the initiative is to be congratulated for her work. We are grateful to the National Suicide Review Group for their generous support of this initiative.

I hope that this project can make a positive contribution to the lives of young people who are involved in out-of-school settings. I am delighted that the resource will be made available as part of a two day training course on mental health promotion through the National Youth Health Programmes training calendar over the coming years and hope that health promotion services around the country can work with the National Youth Council in continuing to build on the work developed to date.

Foreword

Director of the National Youth Council of Ireland
Mary Cunningham

As Director of the National Youth Council of Ireland, I am delighted to introduce the 'Good Habits of Mind' project, a mental health promotion initiative for those working with young people in out-of-school settings. There has been an increased focus on the mental health of young people in recent times as the number of young people in Ireland experiencing mental health difficulties and dying by suicide continues to rise.

The National Health Promotion Strategy 2000–2005 highlights the fact that the determinants of health of the population are outside the scope of the health services and that a multi-sectoral partnership approach is the way forward if health promotion is to be effective. The 'Youth Sector' is named in this strategy as a key setting for health promotion, thus recognising the valuable contribution youth work can make to the health and wellbeing of young people.

Through the continuing innovative work of the National Youth Health Programme, the youth sector continues to grow and develop as a setting where sustainable health promotion is an attainable goal. Mental health difficulties are but some of the issues those working with young people in out-of-school settings deal with on a daily basis. This resource aims to provide these workers with a mental health promotion framework, which they can apply within their work with young people.

This resource is the result of an extensive consultation process and is the culmination of months of work by the National Youth Health Programme and the Health Service Executive Northern Area. This shows our commitment in NYCI to addressing this important issue and to our willingness to work collaboratively to ensure that resources are pooled and vital mental health promotion work is progressed.

There is no doubt that this support pack along with the accompanying training will enhance and develop the skills of those working with young people in out-of-school settings. I hope it will enable them to respond to young people experiencing mental health difficulties more effectively.

What is then needed to compliment the work of those in the youth sector are adequate health services for young people, which should be flexible, confidential, well staffed, inclusive of all young people and provide information young people need to make informed healthy choices. These services should be adolescent friendly taking account of the needs and experience of young people in Ireland today.

I hope that all those who read this resource and attend the accompanying training will find it a valuable and practical tool, realistic to their work and to their organisation.

Finally I would like to thank the funders of this project, through our combined effort we have produced a resource with accompanying training which will effectively contribute to the promotion of mental health with young people in the out-of-school settings.

Contents

Notes:

This resource is designed for use alongside an accompanying 2-day training programme which can be accessed through the National Youth Health Programme.

The term 'worker(s)' is used throughout this resource to refer to all those working with young people in out-of-school settings in either a paid or voluntary capacity.

CHAPTER 1

Chapter Overview

Chapter 1 – 'Setting the Scene'
This chapter introduces the reader to the initiative 'Good Habits of Mind'. It outlines a rationale for the initiative in a policy context and describes why a partnership approach was taken. This chapter also briefly outlines the methodology used, along with an overview of the target audience for the project: namely those working in out-of-school settings. This chapter closes with a glossary.

Chapter 2 – 'The Science Bit'
This chapter was written to give the reader a better understanding of the terms health, mental health and mental health promotion. It gives an overview of mental health and young people along with some statistics. The concepts of risk and resilience are also explored here. This chapter ends with a look at mental health promotion and prevention.

Chapter 3 – 'Practice Explored'
This chapter sets out the characteristics of a health promoting youth service. It also offers a set of good practice guidelines for the organisation and for the worker. Practical examples from out-of-school settings to informal mental health promotion are also illustrated. A number of Irish mental health promotion projects/initiatives are also described in this chapter.

Chapter 4 – 'What to do if…..'
This chapter gives the reader an outline of how to recognise and respond to the signs of mental distress in young people. It also offers an overview of the mental health services and referral agencies in Ireland. A number of complex issues are outlined next in addition to a number of practical mental health case studies.

Introduction

"Mental health …I see it in terms of young people having a good sense of themselves, having the capacity to cope with the reality that they are faced with. Health of the mind is having and feeling emotions and dealing with them reasonably well, and to communicate with people close to them, that's probably the most important thing"
(quote from member of Reference Group, please see Appendix 4)

The health of young people is vital to the creation and continuance of healthy societies. The transition from childhood to adulthood is a period during which the individual lays down the foundations for future life, and thus a positive orientation to the future is one of the cornerstones of good health [1].

Adolescence is the developmental stage during which individuals grapple with issues of independence and autonomy and when they first begin to establish identities independent of their family of origin. As young people enter into this period of transition, they are confronted by many hurdles. For example, they must adjust to their changing bodies, cope with their new awareness of sexuality and adapt to the tasks of adolescence.

In Ireland in 1996, those aged under 25 years made up 41% of the total population [2], in 2002 this figure had dropped to approximately 37.5% [3]. Nonetheless, this indicated that 2 in every 5 people in Ireland are aged under 25 years.

Adolescents, in general, are considered one of the healthiest populations in society. By the second decade of their lives they have survived the diseases of early childhood and the health problems associated with ageing are still a long way off [4]. A succession of statistics, however, is seriously challenging the assumption "that all young people are healthy". Poor levels of physical health (e.g. due to increased levels of obesity, poor nutrition, lack of physical activity etc) and increasing levels of mental health problems (e.g. suicide, depression etc) among young people give rise to considerable cause for concern.

The National Health Promotion Strategy 2000 – 2005 [5] has identified a range of settings where the effort is concentrated on making the setting itself a healthier place for people to live, work and play. The settings identified include:

- Schools and colleges
- Youth sector (out-of-school settings)
- Community
- Workplace
- Health Services

The strategic aim outlined in the National Health Promotion Strategy for the youth sector, is "to continue to develop and promote the role of health promotion". Together, organisations and those working with young people in this setting, must strive to put health on the agenda and to reach this strategic aim.

Those involved in the out-of-school settings have a long tradition of working with young people in a way that engages their energies, in a positive learning environment that does not label them as difficult [6]. This unique relationship between workers and young people places workers in a privileged position when dealing with young people. Youth work is concerned with the informal education of young people, therefore it often engages with those who are most vulnerable and considered to be 'at risk' of physical and mental health problems. Furthermore, Garland and Zigler (1993) [7] suggest that, while school programmes are in many ways the ideal setting in which to work with young people, suicide prevention programmes never reach their target population, i.e. adolescents most at risk of suicide such as incarcerated and runaway youths, as well as those who leave school early etc. Workers already have trusting relationships with young people, meeting with them on their own territory and in situations, which are relaxed, informal and of the young people's choosing. This special relationship, coupled with their interpersonal skills, means that those who work with young people in out-of-school settings are singularly well placed to facilitate effective mental health promotion [8].

Aim of the Project

To promote the mental health of young people in out-of-school settings.

Objectives of the Project

- To conduct a limited literature review of best practice in mental health promotion with young people.
- To establish a support structure for practitioners who work with young people in out-of-school settings, who will act as the reference group for the project.
- To identify the information, training and support needs of those working in the out-of-school settings, in responding to emotional health issues.
- To develop a user friendly information resource for those working in out-of-school settings that contains guidelines, information on resources and referral.
- To make recommendations for the sustainability of mental health promotion initiatives in out-of-school settings.

Rationale for the project

The impetus for this project has emerged in line with several National Policy Documents, which provide a rationale for and recommendations in relation to the mental health needs of young people in out-of-school settings in Ireland:

- *'The Report of The National Task Force on Suicide'* (1998) [9] recommended that *"programmes should be initiated aimed at teaching children about positive health issues including coping strategies and basic information about positive mental health at an early stage as a natural part of their health care curriculum"*. In acknowledging the particular at-risk needs of the out-of-school sector this report calls for the Department of Health & Children to work with youth services to develop a specialist Social and Personal Health Education Programme (SPHE) for this sector.

- In *'Youth as a Resource'*, a report on the needs of young people at risk (1999) [10], a nationwide needs assessment was carried out with young people at risk who emphasised; the supreme importance of positive relationships in their lives, their need for information and to be listened to, and their anger at the lack of or type of health education available to them in schools.

- The National Health Promotion Strategy (2000–2005) [5] states that "research should be initiated into models of best practice in mental health promotion".

- *Best Health for Adolescents – 'Get Connected'* (2001) [11] states that *"all mental health interventions should adopt an ecological approach i.e. aim to positively influence the adolescent's environment as well as adolescents as individuals."* It calls for a Lifeskills or SPHE strategy that is broad based in content and holistic in nature, and directed at building resilience and maintaining a healthy lifestyle. In particular, it states that those working with adolescents who are not in school should be facilitated to engage with training and support through the:
  - Inclusion of an SPHE module in relevant training programmes.
  - Provision of training for multiple methods of delivery and skills training.

This document also recommends that those working with adolescents in these settings should be trained to identify adolescents experiencing difficulty and to implement a referral procedure where appropriate.

- Health Strategy – Quality and Fairness (2001) [12]. This strategy states that *"a range of initiatives will be undertaken such as – the development of mental health services to meet the needs of children aged between 16 and 18"* and recommends that *"suicide prevention programmes will be intensified"*.

All of these documents stress the importance of lifeskills as protective factors for young people and in particular, young people at risk.

In conclusion, the out-of-school settings have a very important role to play in mental health promotion. These organisations are unique, in that they are working on a daily basis with disadvantaged young people who are most at risk regarding mental health difficulties and suicide [13]. Often, youth organisations may be the only place of contact where these young people have a positive relationship with an adult and are provided with alternative supports and education.

Working in Partnership

In 1999, the World Health Organisation's Report on Programming for Adolescent Health and Development [(14)], stressed the complexity and multidimensional nature of adolescent health and, therefore, highlighted the need for a multiagency response. Due to the fact that the health needs of young people are so varied and complex, no one single profession or agency can adequately respond. The World Health Organisation argues that agencies have an obligation to work together in a meaningful way to meet the health needs of young people, stressing that each sector has something unique to offer.

Due to the fact that the determinants of health and specifically, mental health, are so varied and interlinked, it is necessary to form partnerships between government, statutory agencies and the community and voluntary sectors, at local and national levels. The Health Service Executive Northern Area and the National Youth Health Programme decided to come together in partnership, to address the issue of mental health and young people in the out-of-school settings.

The combination of the statutory role of the Health Service Executive and the experience of the National Youth Health Programme in the community and voluntary sector formed the basis of a unique and diverse partnership for this initiative.

Methodology

This project spanned a period of 12 months from September 2003 – 2004. A project officer was employed on a half time basis to oversee the project. In order to ensure that practitioners informed this project from the start, a Reference Group was established, comprising of those who work directly with young people in the out-of-school settings. Various quantitative and qualitative methodologies were used with this group in order to gauge their needs effectively in the area of mental health promotion (please see Appendix 4).

Overview of methodologies employed:

- In-depth one-to-one interviews held with four workers from the reference group;
- Fourteen people from the reference group participated in a consultation/training day based on mental health and young people;
- A number of group meetings were organised;
- Questionnaires were sent to all those in the reference group before each meeting;
- Information was collected through group discussions and through the use of the questionnaires at meetings.

The above methodologies were used to encourage active participation in the Reference Group and to ensure that the group were given every opportunity to offer their comments, opinions and experience to inform this initiative.

Complimentary to this group, a number of key informants from the relevant health services, were identified. This group comprised of a Health Service Executive representative in youth health, a representative from the Child and Adolescent Psychiatric Services, two representatives from a Counselling Service for Adolescents and a representative of Mental Health Ireland. Participatory methods were also used during this consultation stage (please see Appendix 4).

Overview of methodologies employed:

- One-to-one interviews were held with all members of this group;
- One-to-one communication with the project officer through mail, e-mail and phone calls.

Both the Reference Group and the key informants from the services have informed this initiative from the outset. Their input has guided and shaped this initiative in accordance with their needs, feedback and experience.

Working with young people in the out-of-school settings in Ireland

Settings are specific places/contexts/structures where people live, work and play. Out-of-school settings are places, programmes, projects or organisations where young people come together outside of the school environment. The unique characteristic of these settings is that they are young people's spaces i.e. their territory where they feel safe and operate on their own terms with adults they know and trust [8]. Such an established setting offers tremendous potential for mental health promotion [8].

The range of programmes, projects or organisations that may be considered as out-of-school settings include:

- Vocational training centres;
- Recreational and sporting organisations (uniformed and non-uniformed);
- Creative, artistic, cultural, language based programmes and organisations;
- Programmes/projects designed for specific groups of young people such as young women or men, young people with disability, young Travellers, young lesbians, gay men or bisexuals, young refugees or asylum seekers, early school leavers etc;
- Issue based projects such as Garda diversion and justice projects, drugs prevention projects, environmental projects, developmental educational projects etc;
- All other community, voluntary and statutory youth organisations and projects.

Core Values and Principles for Working with Young People

Work in the out-of-school settings is guided by a number of core principles:

- The use of an experiential learning model, which promotes an active mode of learning, where young people are involved in learning by doing, in real life situations, and reflecting in a structured manner the experiences, encountered.
- Involves young people on a voluntary basis and begins with issues and areas of interest and concern to them.
- Working in the out-of-school settings should be a mutually beneficial, enjoyable and fun experience for both the worker and the young person.
- The value of partnership between volunteers, employees and young people is recognised and involves adults working with but not for young people in a manner that prioritises the active participation of young people as partners in the process.
- Working with young people in the out-of-schools settings should be set in a community context and appreciate the value of volunteers as workers.
- Recognises that inequalities exist in society and seeks to raise the level of awareness of young people about society and how to act upon it.

(Adapted from the Code of Good Practice, Child Protection for the Youth Work Sector, 2002) [15].

Glossary

Adolescence
The period of life between the age of 10–19 years.

Determinants
Factors that determine one's health.

Depressive Disorders
Depressive disorders are classified as single depressive episodes, mild, moderate or severe, and as recurrent episodes. The central features of depressive disorders are low mood, pessimistic thinking, lack of enjoyment, reduced energy, slowness or poor concentration and low self-esteem.

Health
Health is the extent to which an individual or group is able on the one hand, to realise aspirations and satisfy need: and on the other hand, to change or cope with the environment. Health is, therefore seen as a resource for living, not an object of living; it is a positive concept emphasising social and personal resources as well as physical capacities.

Health Promotion
The process of enabling people to increase control over, and to improve their health.

Mental Health
Mental health is a balance between all aspects of life – social, physical, spiritual and emotional. It impacts on how we manage our surroundings and make choices in our lives – clearly it is an integral part of our overall health.

Mental Health Promotion
Any action taken to maximise mental health and well-being among populations or individuals.

Mental Illness
Mental illness refers to conditions, which probably have their roots in either biochemistry, past experience or both. Someone with a mental illness is likely to need professional help in order to recover.

Neurological Disorders
Problems associated with the functioning of the brain, spinal cord and nerves.

Ottawa Charter
International Conference on Health Promotion held in Ottawa, Canada on 17-21 November, 1986.
This conference outlined five main areas for action, which became known as the Ottawa Charter for Health Promotion.

Parasuicide
An act with non-fatal outcome in which an individual deliberately initiates a non-habitual behaviour, that without intervention from others will cause self-harm, or deliberately ingests a substance in excess of the prescribed or generally recognised therapeutic dosage, and which is aimed at realising changes that the person desires via the actual or expected physical consequences.

Prevalence
The rate of all cases, new and old for a specific illness or disease.

Prevention
Interventions that occur before the initial onset of a difficulty, to prevent the development of that difficulty.

Psychosocial Disorders
Difficulties associated with psychological and social functioning.

Resilience
Resilience can be seen as the maintenance of good functioning and wellbeing in the presence of social adversity.

Risk factors
Risk factors are those factors that increase the probability of a young person developing a mental health difficulty.

Self-harm
This is usually by drug overdose, but may be by self-injury, lacerations and also more dangerous methods such as jumping from a height, shooting, drowning etc.

Settings
Settings are specific places/contexts/structures where people live, work and play. In the settings approach efforts are concentrated on working to make the setting itself a healthier place for people to live, work and play.

Suicidal Ideation
Thoughts of suicide.

Suicide
Suicide is an act with a fatal outcome which the deceased, with the knowledge and expectation of a fatal outcome, had himself/herself and carried out with the object of bringing about the changes desired by the deceased.

Young Person
A young person is defined as a person aged from 10–24 years.

Youth Work
A planned programme of education designed for personal and social development of young persons through their voluntary participation and which is complimentary to their formal, academic or vocational education and training and provided primarily by voluntary youth work organisations.

References

(1) European Commission (2000).
Report on the state of young people's health in the European Union.
European Commission, Directorate-General Health and Consumer Protection
http://europa.eu.int/comm/health/ph_information/reporting/ke01_en.pdf

(2) Central Statistics Office (1996).
Census. http://www.cso.ie

(3) Central Statistics Office (2002).
Census. http://www.cso.ie

(4) Child and Adolescent Health and Development (2002).
Overview of the Child and Adolescent Health and Development.
World Health Organisation.
http://www.who.int/child-adolescent-health/

(5) Department of Health and Children (2000).
National Health Promotion Strategy (2000-2005).
Dublin, Stationery Officer.

(6) National Youth Federation (2003)
Suicide Prevention – A Resource Handbook for Youth Organisations.

(7) Garland. A. and Zigler. E. (1993).
Adolescent suicide prevention: current research and policy implications.
American Psychologist. 169-182

(8) Jackson. M. (1996)
Health Promotion in a Youth Work Setting.
In Health Promotion Professional Perspectives
by A. Scriven and J. Orme. Macmillan: London.

(9) Department of Health and Children (1998).
Report of the National Task Force on Suicide.
Dublin: Stationery Office.

(10) Department of Health and Children (1999).
Youth as a Resource.
Dublin: Stationery Office.

(11) National Conjoint Child Health Committee (2001).
Best Health for Adolescents – Get Connected.
Developing an Adolescent Friendly Health Service.

(12) Department of Health and Children (2001).
Quality and Fairness – A health System for You.
Dublin: Stationery Office.

(13) National Youth Council of Ireland (1996).
Submission to the Suicide Task Force.

(14) World Health Organisation (1999).
Programming for Adolescent Health and Development,
Report of a WHO/UNFPA/UNICEF Study Group on Programming for
Adolescent Health. WHO, Geneva.

(15) Department of Education and Secience (2002).
Code of Good Practice Child Protection for the Youth Work Sector (2002).

CHAPTER 2

Determinants of Health

Health is defined by the World Health Organisation [1] as *'a resource for everyday living, not the objective of living: it is a positive concept emphasising social and personal resources, as well as physical capacity'* (1984).

Figure 1.
Health Determinants
Dahlgren and Whitehead, 1991

There are many factors that can impact on or determine our health. Some of these we have no control over such as gender, age and hereditary factors. Other factors we have control over and which can influence health are broadly termed lifestyle factors. For instance, we may choose whether or not to smoke, consume alcohol, take regular exercise or to have a healthy diet etc.

Other determinants, such as those that fall under the categories of social, cultural, environmental or economic factors are more difficult for people to have control over or to influence. Examples of these factors include, water and sanitation, housing, employment, income and social class etc, and are often based on where a person lives, if they are employed and the quality of their physical and social environment.

Dahlgren & Whitehead [2] (1991) talk of layers of influence on health, which can be modified to include:

- Personal behaviour and lifestyles e.g. diet, exercise etc.
- Support and influence within communities, which can sustain or damage health e.g. ethnic group, peer and family group.
- Living and working conditions and access to facilities and services e.g. income, health services, leisure facilities etc.
- Economic, cultural and environmental conditions such as standards of living or the labour market e.g. taxation, housing, advertising etc.

The reality is that the achievement of physical and mental well being is not the responsibility of the individual alone. People's ability to pursue good health is limited by varying degrees of skills, information and economic means. The way these determinants of health interact and the linkages between them can be of major importance [3].

Definitions

Health

Different people define health in different ways. Many see it in terms of whether illness is present or not. Health is often taken for granted and is only considered when illness or health problems are interfering with people's everyday lives [4]. In 1984, the World Health Organisation [1] defined health as follows;

"Health is the extent to which an individual or group is able on the one hand, to realise aspirations and satisfy need; and on the other hand, to change or cope with the environment. Health is, therefore seen as a resource for everyday living, not an object of living; it is a positive concept emphasising social and personal resources as well as physical capacities".

This definition is widely used as it establishes health as a social, as well as an individual construct, and it emphasises the dynamic and positive nature of health [5]. However, a full consensus on the definition is unlikely to be reached, as health is used in many different contexts to refer to many different things.

Health Promotion

A fundamental aspect of health promotion is that it aims to empower people to have more control over the aspects of their lives that effect their health. The World Health Organisation (1984) [1] defines health promotion as:

"the process of enabling people to increase control over, and to improve, their health".

The principles of health promotion were developed in the Ottawa Charter, which outlines five areas for action:

- Building health public policies
- Re-orienting the health services
- Creating supportive environments
- Strengthening community action
- Developing personal skills

Mental Health

Definitions pertaining to mental health and social wellbeing are more complex than those associated with the concept of physical health. Many people are more comfortable with terms such as 'psychological and emotional wellbeing' as the term 'mental health is equated with 'mental illness' [6]. However the British Health Advisory Service (1995) [7] defines mental health in children and young people as:

- A capacity to enter into and sustain mutually satisfying personal relationships;
- A continuing progression of psychological development;
- An ability to play and learn so that attainments are appropriate for age and intellectual level;
- A developing moral sense of right and wrong;
- Not necessarily present when psychological distress or maladaptive behaviour is appropriate, given a child's age or context.

Another similar definition, commonly used by the UK Mental Health Foundation (1999) [8] states that children and young people who are mentally healthy:

- Develop psychologically, emotionally, creatively, intellectually and spiritually;
- Initiate, develop and sustain mutually satisfying personal relationships;
- Use and enjoy solitude;
- Play and learn;
- Become aware of others and empathise with them;
- Develop a sense of right from wrong;
- Resolve/face problems and setbacks and learn from them.

Both definitions focus on trying to define what mentally healthy young people should be able to do if they so wish (e.g. a young person who is mentally healthy should play and learn without difficulty if they want to) and in that way they begin to provide some clarity about when young people are not mentally healthy [9]. Furthermore, the World Health Organisation (2001) [10] states that mental health is an integral component of health through which a person realises his or her own cognitive, affective and relational abilities. With a balanced mental disposition, one is more effective in coping with the stresses of life, can work productively and fruitfully, and is able to make a positive contribution to society.

Mental Health Promotion

In order to adopt a holistic definition of mental health promotion, incorporating those suffering from a mental illness as well as those who have a less disabling mental health problem and those who are simply at risk, Norman Sartorius, former Director of the Division of Mental Health at the World Health Organisation stated that

"mental health promotion means different things to different people: for some, it means the treatment of mental illness; for others, it means preventing the occurrence of mental illness; and for others, promotion of mental health means increasing the ability to overcome frustration, stress, problems, enhancement of resilience and resourcefulness" [11].

Therefore, mental health promotion is about the enhancement of the capacity of individuals, families, groups and communities to strengthen or support positive emotional and cognitive development in children and young people.

An international review of time trends in psychosocial disorders in young people concludes that there has been a "surprising and troubling" rise in these disorders since World War II in nearly all developed countries. These disorders include criminal behaviour, drug abuse, depression, suicidal behaviour and suicide and eating disorders (although according to Rutter & Smith 1995 [12], the evidence for a rise in eating disorders is inconclusive). The World Health Organisation in collaboration with the World Bank has estimated that by the year 2020, mental health problems will become the greatest burden of disability in the developed world [12].

In an Irish context, Lawlor & James [13] conducted a study in 2000, to estimate the prevalence of psychological problems in Irish school going adolescents (average age of 16 years). This study found that of the 779 study participants, a total of 21% had a psychological problem that placed them in the clinical range. Gender differences were found in the results, in that 23% of girls compared with 19% of boys reported problems in the clinical range. Also, 66% of boys compared with 56% of girls reported no problems at all, possibly indicating that boys are less likely to admit to having emotional difficulties compared to girls. Findings on thoughts of suicide for this study indicate that approximately 6% of the study population thought of suicide frequently while a further 17% thought of it occasionally. In this study almost twice as many girls admitted to thinking about suicide than boys. When asked about self-harm, nearly 2% of the total group reported frequently thinking about self-harm and again girls reported doing so more often than boys.

Interestingly, the same authors conducted a similar study [14] to establish the prevalence of psychological problems in early school leavers who were attending training schemes (age range 15–18 years). It must be noted, however, that the number of participants who took part in this study was significantly smaller than the previous study mentioned. The results show that of the 78 young people who took part in this study, a total of 24% were classified as being in the clinical range for psychological problems. None of the boys admitted to thinking of suicide frequently, however, 10% thought of it occasionally, compared with 13% of girls who thought of suicide frequently and 18% who thought of it occasionally.

When self-harm was examined, a similar trend emerged with girls thinking more about self-harm than boys. The conclusion of this study was that those who leave school early are a highly vulnerable group showing significant levels of distress and a greater vulnerability to suicide and suicidal ideation compared with young people who stay in school. This highlights the fact that although any young person can experience mental health difficulties, there are some young people who by virtue of a broad range of factors are at a greater risk of experiencing mental health difficulties.

Another recent Irish study [15], conducted with a total of 723 young people aged 12-15 years, found that approximately 19% of the study population, were identified as being 'at risk' of having a psychiatric disorder. Ten young people from the 'at risk' group, had had significant thoughts of suicide and eight young people had attempted suicide in the past. Depressive disorders (4.5% of study population = 13) were associated with unhealthy family functioning, as rated by the child and the mother, a history of being bullied and regular use of alcohol. This study also indicated that few of the young people identified were attending child and adolescent mental health services.

Therefore, the key role of mental health promotion is to increase mental health promoting (resilience) factors and decrease those risk factors which damage or reduce positive mental health [16].

The effects of mental health difficulties cannot be overstated: they create enormous distress and suffering for young people and those who share their lives; they place increased demands on health, social, education and juvenile justice systems; and they increase the risk of continuing or additional mental health difficulties in adult life. The potential benefits of preventing mental health difficulties and promoting positive mental health are therefore huge [17].

Statistics

Global

Worldwide, the burden of mental health problems and mental disorders has been seriously underestimated, according to the Global Burden of Disease Study [12]. Mental and behavioural disorders are common, affecting more than 25% of all people at some time during their lives. One in four families are likely to have at least one family member with a behavioural or mental disorder [19]. Of the ten leading causes of disability in 1990 (measured in years lived with a disability), five were psychiatric conditions. Important predictions suggest that by 2020 the disease burden of mental health conditions may increase to almost 15% [18].

According to The World Health Report, 2001 [19], it is estimated that globally:

- 450 million people suffer from mental or neurological disorders or from psychosocial problems.
- Major depression is now the leading cause of disability and ranks fourth in the ten leading causes of the global burden of disease. If projections are correct, within the next 20 years, depression will become the second highest cause of the global disease burden.
- 70 million people suffer from alcohol dependence.
- 24 million people have schizophrenia
- 1 million people die by suicide every year
- 10–20 million people attempt suicide every year.

Young People

Although the precise rates of mental health problems can be difficult to calculate, it is estimated that the prevalence of mental health difficulties for children and young people can be up to 20% at any one time [8]. It is estimated that of this 20%, 3-4% of young people require treatment for their mental health difficulties.

Taking the most conservative estimates, the British children's mental health charity 'Young Minds' [20] has calculated that within a secondary school of 1000 pupils, the rates of mental health difficulties translates into:

- 50 pupils being seriously depressed
- between 5 and 10 girls affected by eating disorders
- between 10 and 20 pupils with obsessive compulsive disorder and a further 100 suffering significant distress.

In Ireland, statistics available in relation to young people and mental health indicate the following:

- In 2003, a study carried out to determine the rates of psychiatric disorders and suicidal behaviours in young Irish people aged 12–15 years, found that of the 723 study participants, 15.6% had a psychiatric disorder [15].
- A quarter of those who died in 2002 in the 15-24 age group did so by suicide [21].
- At 626 per 100,000, the peak rate for parasuicide in women was among the 15-19 year olds in 2002. This rate implies that one in every 160 girls in this age group presented to hospital as a consequence of deliberate self-harm [22].
- There are 300,000 suffering from depression in Ireland at any one time. The gender ratio is 2 to 1 for female to male sufferers, statistics also show that 1 in 10 adolescents aged 13–19 experience a major depression at some stage [23].
- In 2002 there were 50 young people under 16 years old admitted to a psychiatric hospital in Ireland. In the same year there were 792 16–19 years olds and 2093 20–24 year olds admitted to a psychiatric hospital [24].
- In the Health Behaviour in School Aged Children survey 2002, 60% of young people reported ever having had an alcoholic drink, with 25% described as current drinkers, and 30% reporting having been "really drunk" at some stage [25].
- In the same study 6.4% of young people reported using ecstasy in the last 12 months and 11% reported using cannabis in the last 12 months [23].
- In 2001 there were 2900 births to teenage mothers in Ireland [19].
- Research in 2002 found that 21% of homeless people in Dublin were aged between 16 and 25 years [26].

Young People at Risk of Mental Health Difficulties

Young people who may have experienced or face adversity are at an increased risk of developing mental health problems [9]. Adverse factors may not necessarily lead to a specific mental health difficulty but may increase general vulnerability to experiencing difficulties. It is important to highlight that not all young people who find themselves in an 'at risk' situation will develop mental health problems.

Young people can be 'at risk' at a number of different levels. Fuller (1998) [27] outlines these levels:

- Young people at risk through their own acts – behaviours that put young people at risk include: self-harm, suicidal thoughts or actions, drug and/or alcohol misuse, dangerous sexual experimentation, dangerous driving, eating disorders etc. Risky behaviours that are mainly social or thrill seeking in nature include: vandalism, graffiti, fighting, shoplifting, crime etc.
- Young people at risk from others – the risk may come from others in the adolescent's world through forms of abuse, violence, deprivation or rejection etc.
- Young people as a risk to others – those behaviours that constitute a risk to others include physical, sexual or emotional violence; stalking and harassment etc. Some young people re-enact their experiences of abuse and violence by perpetrating similar acts on others.

Groups of young people who may be at risk of developing mental health difficulties are listed below. Therefore, those working in the out-of-school settings may be in a better position to identify the needs of these young people. Unfortunately, these groups are not mutually exclusive and some young people may find themselves in a number of groups at any one time. However, this list is not exhaustive. It serves as a starting point, you may be in a position to add to it.

In Ireland, the life situations or characteristics that render a young person at risk include:

- Being involved in criminal behaviour;
- Being 'in care';
- Living in poverty and/or poor quality housing;
- Having a history of family problems or abuse;
- Having learning or physical disabilities;
- Having psychological or behavioural problems;
- Working in prostitution;
- Having academic problems and/or a bad experience of school;
- Being out of home;
- Being homeless;
- Having a crisis pregnancy at an early age;
- Experiencing discrimination due to sexual orientation, race or ethnicity e.g. travellers, gay, lesbian and bisexual young people, refugees and asylum seekers;
- Being from families with a history of substance misuse;
- Living in geographically isolated areas;
- Having experienced abuse [28].

Risk Factors for Mental Health Difficulties

Evidence has shown that it is possible to identify the factors that have an impact on young people's mental health [8]. A risk factor is anything that increases your chance of getting a disease/illness/difficulty/problem. Risk factors for mental health difficulties may be found in a number of areas, such as risk to the individual, to their family, their environment and life events.

There is a complex interplay between the risk factors in a young person's life that may lead to a mental health difficulty. Risk factors are cumulative. If a young person has only one risk factor in their life their probability of developing a mental health problem has been defined as being 1-2%. However, with 3 risk factors it increases to 8% and with 4 or more risk factors it increases by 20% [8]. The challenge for those working with young people is to be aware of these risk factors and how they may impact on a young person's mental health.

Table 1.
Risk factors potentially influencing the development of mental health problems and mental disorders in individuals [29].

Individual factors	Family/Social Factors	School/out of school context	Life events and situations	Community and cultural factors
Prenatal brain damage	Being a young mother	Bullying	Physical, sexual & emotional abuse	Socio-economic disadvantage
Prematurity	Being a single parent	Peer rejection	School transitions or drop out	Social or cultural discrimination
Birth injury	Absence of father in childhood	Poor attachment to school	Divorce and family break-up	Isolation
Low birth weight	Large family size	Inadequate behaviour management	Death of a family member	Neighbourhood violence and crime
Birth complications	Antisocial role models in childhood	Deviant peer group	Physical illness or impairment	Population density and housing conditions
Physical and intellectual disability	Family violence and disharmony	School failure	Unemployment	Lack of support service including transport, shopping, recreational facilities
Poor health in infancy	Physical, sexual and/or emotional abuse		Homelessness	
Insecure attachment in infant/ child	Poor supervision and monitoring as a child		Incarceration	
Low intelligence	Low parental involvement in child's activities		Poverty or economic insecurity	
Difficult temperament	Neglect in childhood		Job insecurity	
Chronic illness	Long term parental unemployment		Unsatisfactory relationships	
Poor social skills	Criminality in parents		Accidents or injury	
Low self-esteem	Parental substance misuse		Caring for someone with an illness or disability	
Alienation	Parental mental disorder		Living in care	
Impulsivity	Harsh or inconsistent discipline style		War or natural disasters	
	Social isolation			
	Lack of warmth and affection			
	Experiencing rejection			

Resilience/Protective Factors for Mental Health Difficulties

There are some young people who, given their situations and against all odds, withstand the negative effects of adversity. Resilience can be seen as the maintenance of good functioning and wellbeing in the presence of social adversity. Some young people possess characteristics or a set of qualities that make them more resilient than others to stressful life events or adverse situations. In other words, resilience acts as a protector to the young person, protecting them against developing a number of mental health difficulties in the face of adversity.

An important key to promoting young people's mental health is therefore, a greater understanding of these protective factors that enable some young people to be resilient – to thrive despite adversity. As with risk factors, resilience or protective factors can relate not just to characteristics internal to the young person, but also in relation to their family, school environment, social context, life events and situations and community and cultural factors.

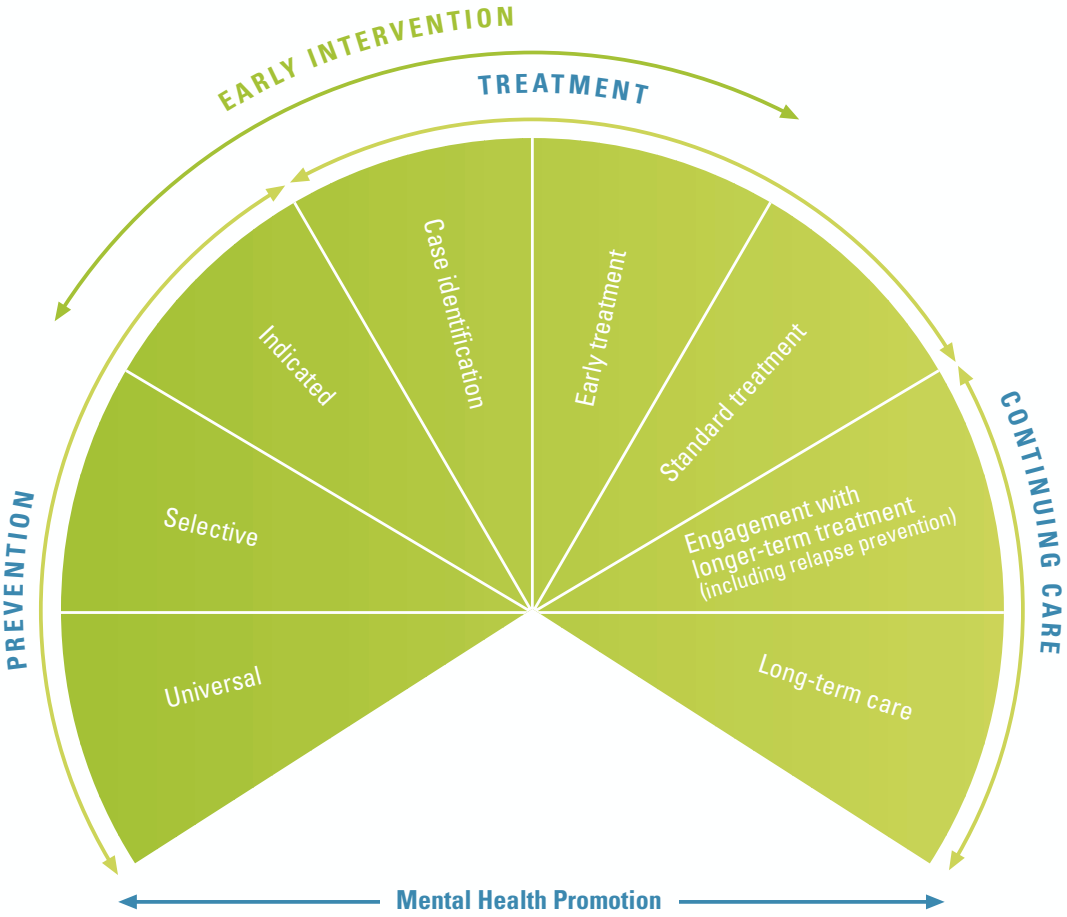
Table 2.
Protective factors potentially influencing the development of mental health problems and mental disorders in young people [29].

Individual factors	Family Factors	School/out of school context	Life events and situations	Community and cultural factors
Easy temperament	Supportive caring parent	Sense of belonging	Involvement with significant other person	Sense of connectedness
Adequate nutrition	Family harmony	Positive formal/ informal education setting	Availability of opportunities at critical turning points or major life transitions	Attachment to and networks within the community
Attachment to family	Secure and stable family	Pro-social peer group	Economic security	Participation in church or other community groups
Above average intelligence	Small family size	Required responsibility and helpfulness	Good physical health	Strong cultural identity and ethnic pride
School achievement	More than two years between siblings	Opportunities for some success and recognition of achievement		Access to support services
Problem solving skills	Responsibility within the family	Setting norms against violence		Cultural norms against violence
Social competence	Strong family norms and morality			
Social skills				
Good coping style				
Optimism				
Moral beliefs				
Values				
Positive self-image				

Mental Health Promotion and Prevention

Mental health promotion is any action taken to maximise mental health and well being among populations and individuals [28]. It aims to protect, support and sustain the emotional and social wellbeing of the population by promoting the factors that enhance mental health. Mental health promotion is relevant across the continuum of care and entire spectrum of interventions – before, during and after the onset of mental health problems and mental disorders. It focuses on the promotion of wellbeing for the entire population – people who are currently well, at risk and experiencing illness [28].

Figure 2.
The Spectrum of Interventions for Mental Health – Commonwealth Department of Health and Aged Care (2000). [29]



Friedli (2000) [29] states that mental health promotion works at three levels and each level is relevant to a whole population, to individuals at risk, vulnerable groups and people with mental health difficulties:

- Strengthening individuals – increasing emotional resilience through interventions designed to promote self-esteem, life and coping skills.
- Strengthening communities/environments – developing supportive environments that increase social inclusion and participation, social support and networking and a sense of integration.
- Reducing structural barriers to mental health – developing initiatives to reduce inequalities and discrimination and to promote access to education, meaningful employment, services and support for the vulnerable.

Prevention is defined as 'interventions that occur before the initial onset of a disorder' to prevent the development of disorder(s) [31]. Although the defined goals of promotion and prevention differ in that promotion activities aim to improve mental health and prevention activities aim to prevent the development of mental health difficulties, these interventions often adopt similar approaches and produce similar outcomes. Thus, a mental health promotion intervention aimed at increasing wellbeing in a community may also have the effect of decreasing the incidence of mental health difficulties and disorders in that community.

Prevention interventions can operate at three different levels:

	Level of Intervention	Delivered to Whom
1. Universal prevention interventions This type of prevention intervention targets the general public or whole populations that have not been identified on the basis of risk. Examples include prenatal care, childhood immunisation, school based competence programmes, developing coping skills in school students, working with communities to reduce risk factors for mental health difficulties such as reducing stress levels in workplaces etc. Because universal programmes are positive, proactive and provided independent of risk status, their potential for stigmatising participants is minimised and they may be more readily accepted and adopted.	**Universal Prevention**	**General Public or Whole Populations**
2. Selective prevention interventions These interventions target individuals or a subgroup whose risk of developing mental disorders is significantly higher than average. This risk may be imminent or a lifetime risk. Selective prevention interventions aim to reduce the risks to the targeted population. Examples include positive parenting programmes in disadvantaged populations, school based programmes specifically targeting young people at risk of depression, programmes for people exposed to and at risk following adverse life experiences, such as divorce or bereavement, support groups for young people who have suffered losses/traumas etc.	**Selective Prevention**	**Individuals or a Subgroup at Risk**
3. Indicated prevention interventions These are aimed at population groups and individuals at high risk of the onset of a disorder, who have the early signs and symptoms foreshadowing mental health problems and mental health disorders but who do not meet the diagnostic criteria for diagnosis of a disorder. Examples of indicated prevention interventions include programmes for children and young people displaying the early warning signs for conduct disorder, programmes to intervene during the early warning signs of psychosis, providing social skills or parent-child interaction training for children who have early behavioural problems etc.	**Indicated Prevention**	**Individuals or Populations with symptoms**

References

(1) World Health Organisation (1984).
Health Promotion: a discussion document.
In J. Naidoo and J. Wills (2000). Health Promotion, Foundations for Practice.
London: Bailliere Tindall.

(2) Dahlgren & Whitehead M. (1991).
Policies and Strategies to promote social equity in health.
In J. Naidoo and J. Wills (2000). Health Promotion, Foundations for Practice.
London: Bailliere Tindall.

(3) Department of Health and Children (2000).
National Health Promotion Strategy 2000 – 2005.
Dublin: Stationery Office.

(4) Ewles L. & Simnett I. (2003).
Promoting Health – A Practical Guide.
London: Bailliere Tindall.

(5) Naidoo J. & Wills J. (2000).
Health Promotion, Foundations for Practice.
London: Bailliere Tindall.

(6) Stewart-Brown S. (1998).
Emotional Wellbeing and it's relation to health.
British Medical Journal. 317:1608-1609.

(7) Health Advisory Service (1995).
Together we Stand: The Commissioning, Role and Management of Child and Adolescent Mental Health Services.
London: HMSO.

(8) Mental Health Foundation (1999).
Bright Futures: Promoting Children's and Young People's Mental Health.
London: Mental Health Foundation.

(9) Dogra N, Parkin. P, Gale. F & Frake C. (2003).
A Multidisciplinary Handbook of Child and Adolescent Mental Health for Front-line Professionals.
London: Jessica Kingsley

(10) World Health Organisation (2001).
World Health Day. Stop Exclusion – Dare to care.
http://www.who.int/world–health-day.

(11) Hodgson R. & Abbasi T. (1995).
Effective Mental Health Promotion: Literature Review.
Health Promotion Wales.

(12) Rutter M. & Smith DJ. (1995).
Psychosocial Disorders in Young People. Time Trends and Their Causes.
London: Wiley and Sons.

(13) Lawlor M. & James D. (2000).
Prevalence of Psychological Problems in Irish School Going Children.
Irish Journal of Psychological Medicine. 17 (4): 117–122.

(14) Lawlor M.and James D (2001).
Psychological Problems of Early School Leavers.
Irish Journal of Psychological Medicine. 18(2): 61-65.

References

(15) Fitzpatrick C. Lynch F. Mills. C & Daly I. (2003).
Challenging Times:
Psychiatric Disorders and Suicidal Behaviours in Irish Adolescents.
Department of Child and Family Psychiatry,
Mater Misericordiae Hospital, Dublin.

(16) Health Education Authority (1997).
Mental Health Promotion:
A Quality Framework: London.

(17) EPPI Report (2001).
Young People and Mental Health:
a Systematic Review of Research on Barriers and Facilitators.
The Department of Health, England.
http://eppi.ioe.ac.uk

(18) Murray CJL. & Lopez AD. (1996).
Global Health Statistics.
World Health Organisation and the World Bank
Global Burden of Disease And Injury Series, Vol. II.

(19) The World Health Report (2001).
Mental Health: New Understanding, New Hope.
World Health Organisation
http://www.who.int/whr2001/2001/main/en/contents.htm

(20) Young Minds (1999).
Mental Health in Children.
London: Young Minds.

(21) Central Statistics Office (2002).
Press Statement. Births, Marriages and Deaths in 2001.
http://www.cso.ie/pressreleases/vstats2001.html

(22) National Parasuicide Registry Ireland (2002).
Annual Report 2002.
National Suicide Research Foundation.

(23) AWARE (2000).
http://www.aware.ie

(24) Department of Health and Children (2002).
Health Statistics 2002.
Dublin: Stationery Office.

(25) Department of Health and Children (2002).
Health Behaviour in School Aged Children.
Dublin: Stationery Office.
http://www.healthpromotion.ie/uploaded_docs/Slan03(PDF).pdf

(26) Homeless Agency and ESRI (2002).
http://www.focusireland.ie/htm/housing_homelessness/facts_figures/young_people.htm

(27) Fuller A. (1998).
From Thriving to Surviving.
Promoting Mental Health in Young People
ACRE Press.

References

(28) Department of Health and Children (1999)
Youth as a Resource,
Promoting the Health of Young People at Risk.
Dublin: Stationery Office.

(29) Commonwealth Department of Health and Aged Care (2000).
Promotion, Prevention and Early Intervention for Mental Health.
A Monograph.
Canberra, Australia.
http://www.health.gov.au/hsdd/mentalhe/mhinfo/ppei/pdf/monograph.pdf

(30) Friedli L. (2000).
From the margins to the mainstream:
the public health potential of mental health promotion.
International Journal for Mental Health Promotion.
Health Education Authority (1997).
Mental Health Promotion. A Quality Framework.

(31) Marazek PJ. and Haggerty RJ (1994).
Reducing the risks for Mental Disorders:
Frontiers for Preventative Intervention Research
National Academy Press, Washington, DC.

CHAPTER 3

Overview of a Health Promoting Youth Organisation

Health promotion can have a positive impact within a settings approach, i.e. places where people live, learn and play. The Youth Sector (out-of-school settings) has been identified by the National Health Promotion Strategy 2000–2005 as a valuable setting for health promotion as it has played a role in health education for a significant period of time. Youth work is a unique process and one that can be closely linked to the core principles of health promotion as set out in the Ottawa Charter. The role of the youth sector is to enable and empower young people to increase control over their own lives within the context of their physical and social environment [(1)]. Youth work, in its' active encouragement of young people to participate at all levels within the community and society, also adheres to a guiding principle of health promotion as does the mediation and advocacy role taken on by youth organisations on behalf of young people. Consequently, youth organisations are in an ideal position to inform public policy in relation to young people's health needs.

The day-to-day work of youth organisations involves contact with a wide range of young people throughout the country, including work with some of the most marginalised and disenfranchised young people within our society. It is important to acknowledge that youth work provides opportunities and support for young people who may have become isolated in many ways in society. These include early school leavers, teenage parents, unemployed and homeless young people as well as young people who engage in risky behaviour.

Youth organisations are actively involved in creating supportive environments for these young people. This happens through providing them with stimulation, challenge, creativity, opportunities for self-development, a sense of purpose, a sense of identity and very often, a safe and supportive environment in which to learn. Youth work is most often identified with encouraging the development of personal and social skills. Furthermore, the presence of youth organisations in local communities, strengthens community action.

Overview of a Health Promoting Youth Organisation

The Aims of a Health Promoting Youth Organisation are:

1. To provide a health promoting environment for working and learning by providing a safe and health enhancing social and physical environment;

2. To promote individual, family and community responsibility for health;

3. To encourage healthy lifestyles and present a realistic and attractive range of healthy choices for young people and all those involved in the organisation;

4. To enable all young people to fulfill their physical, psychological and social potential and promote self-esteem;

5. To set out clear aims for the promotion of health and safety for the entire organisation;

6. To foster and develop positive relationships between young people and staff and volunteers within the organisation;

7. To clarify the social aims of the organisation for the management, staff, volunteers and young people alike;

8. To provide a choice of stimulating challenges for young people so that they can experience participation and success in a range of satisfying learning and leisure activities.

9. To actively promote the health and wellbeing of all those involved in the organisation;

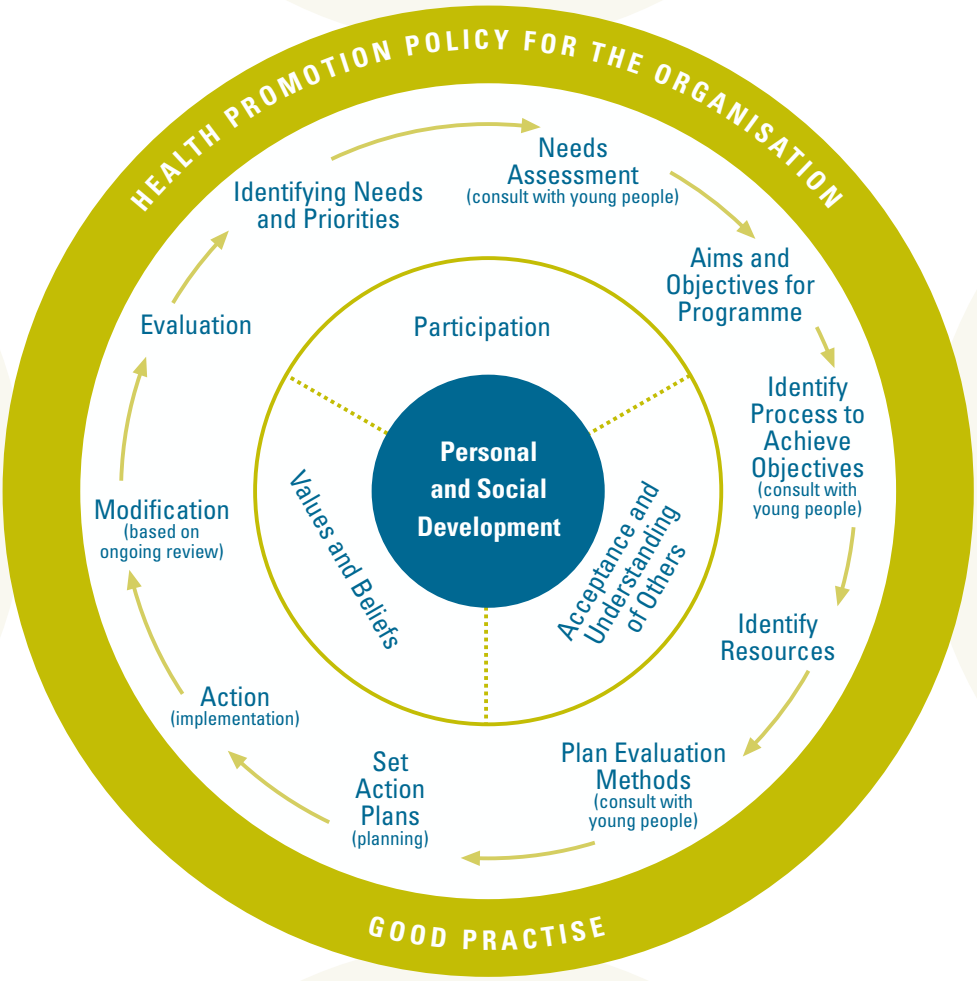
10. To consider the role and potential of complementary services within the community for advice and support in health education and health promotion;

11. To plan a comprehensive health education curriculum, reflective of the needs of young people ensuring educational methodologies which actively engage young people and foster the principles of empowerment and participation.

12. To equip young people with the knowledge and skills they need both to make sound, informed decisions about their personal health and to preserve and improve a safe and healthy environment.

A Practical Model for Promoting Health in the Youth Work Setting

Figure 3.
A Practical Model for Promoting Health in the Youth Work Setting (1999) [1]



This model provides a framework for the development of health promotion practice and policy for youth organisations and acknowledges the underlying necessity for good practice in this area at all times.

It should be noted that this model is a cyclical model and each stage in the cycle is related to the next. No stage should be addressed in isolation e.g. the implementation of any programme is informed by effective planning and appropriate needs assessment. Furthermore, each stage is directly related to the policy and good practice which underpins every aspect of this work within youth organisations.

Good Practice Guidelines for Organisations

All work practices undertaken by a youth organisation should now be conducted in accordance with good practice. The understanding and sharing of what is good practice is vital and necessary to maintain a service that is based on quality for all service users and staff (paid and unpaid).

Outlined below are a series of good practice guidelines along with a number of questions for consideration, which the organisation may want to take time to think about. However, it is recognised that different organisations are at different stages in their growth and development. Therefore, these practical guidelines are those which an organisation may implement and/or aspire to.

Equality	Questions for Consideration
There are nine distinct grounds in relation to discrimination that an organisation should be mindful of. These are: Gender; Marital Status; Family Status; Age; Disability; Race; Sexual Orientation; Religious Belief; Membership of the Traveller Community.	Is the organisation aware of the Equality Legislation? (Employment Equality Act, 1998 [2], Equal Status Act, 2000 [3]). Has the organisation taken measures to ensure that it is complying with the relevant legislation? Does your organisation adhere to the principles of equality? (e.g. Are the buildings and services accessible to everyone? Is the organisation mindful of cultural sensitivities? Is the organisation equipped to respond to literacy issues?)

Policy	Questions for Consideration
A policy is a statement of the ethos and values of an organisation. Policies define boundaries within which issues are accepted. They also clarify roles, relationships, and responsibilities and they can serve as a basis for decision making. Policies guide people on what to do in any given situation; procedures give instruction on how to do it. Rationale for policy development: • To enable organisations to reflect their ethos and position in the work they do; • To encourage good practice; • To support workers (paid and unpaid), management and the young people within the organisation; • To meet the specific needs of the organisation's target groups; • To encourage an organisation to think strategically and act professionally; • To ensure continuity and consistency over time; • To provide a framework for inter-agency co-operation; • To enable organisations to reflect the needs and aspirations of the community in which they work; • To make sure there is less chance of misinterpretation. Policy development should take account of equality issues, gender proofing and literacy issues. Step by step approach to developing a policy (please see Appendix 11)	What policies does the organisation have? How were these policies developed? Do the policies take account of the needs of the relevant stakeholders (e.g. young people, parents, workers – paid and unpaid, management etc) Have they been updated? How are they disseminated? Has the organisation developed policies in the following areas: • Child Protection • Drug & Alcohol • Health & Safety • Equality • Mental Health • Health Promotion • Bullying • Sexual Harassment • Sexual Health Promotion • Discipline • Referral • Confidentiality Are there any other areas in which the organisation requires policy?

Mental Health Promotion in the Workplace	Questions for Consideration
Mental health in the workplace tends to focus on the individual rather than the organisation. However, the organisation has a responsibility to its workers (paid and unpaid) to ensure that the work environment is mental health promoting. **This includes the development of good work practices such as:**	Has the organisation considered the issue of stress in relation to working with young people in out-of-school settings? How has the organisation addressed the issue of stress in the work-place?
Support and supervision	Is there a support and supervision structure in place? (e.g. team meetings, one-to-one formal supervision, external supervision etc.)
On-going training (internal and external)	Can workers access relevant training opportunities?
Communication systems (internal and external)	What kinds of communication systems operate within the organisation? (e.g. memos, e-mail, notice board, meetings etc)
Reporting procedures (internal and external)	(e.g. Line management systems, designated persons etc.)
Recording procedures	(e.g. forms, incident and accident books etc.)
Referral systems for workers	Does the organisation operate an Employee Assistance Programme? (An EAP is a strategy for assisting employees and their families with personal and work related problems, difficulties and concerns, which they may experience from time to time. These problems, difficulties and concerns can and do effect the work performance of an employee. Examples of personal problems that an EAP aims to intervene early in are alcohol and drug problems, emotional problems, family and relationship difficulties, financial difficulties, legal problems as well as a wide range of work-related concerns or difficulties).
Development of appropriate policies	Is there the same opportunity for workers to access referral services as there is for service users (young people)? What policies have the organisation developed in response to the needs of workers?
Provision of a safe working environment	Does the organisation adhere to health and safety regulations under the Safety, Health and Welfare at Work Act, 1989? [4]. Has a risk assessment been conducted in relation to various work practices?

Monitoring & Evaluation

Monitoring is about collecting information that will help to answer questions about your work. It is important that this information is collected in a planned, organised, and routine way. All organisations should keep records and notes, and discuss what they are doing. This simple checking becomes monitoring when information is collected routinely and systematically compared against a plan. This information may be about activities or services, service users, or about external factors affecting the organisation or project.

Monitoring can answer questions such as:
- How are we doing?
- Are we doing the right things?
- What difference are we making?

Evaluation implies judgement based on careful assessment and critical appraisal of given situations, which should lead to drawing sensible conclusions and making useful proposals for future action. Evaluation can happen at three different stages:
- Process evaluation is concerned with assessing the process of implementation.
- Impact evaluation is concerned with the immediate effects of a programme, project or initiative.
- Outcome evaluation looks at the long-term effects of a programme, project or initiative.

Rationale for Monitoring & Evaluation

- To identify and ensure that the organisation is meeting it's aims and objectives both operationally and strategically.
- To highlight strengths and weaknesses.
- To make decisions appropriate to the information gathered.
- To ensure good practice with regard to the organisations work plans and programme delivery.
- To devise plans and strategies for the future.
- To justify decisions to others.

Questions for Consideration

How does the organisation know that its' work is effective?

What methods does the organisation use to collect information on its' work?

What kinds of performance indicators has the organisation identified? (quantity V's quality)

Is evaluation an integral part of the organisation's work practice?

Who is responsible for monitoring?

What is the follow on from monitoring and evaluation?

Lawful

As the Childcare Act recognises that the welfare, safety and well being of the young person is paramount, service providers should work within a framework based on the following principles and legislation:

Legislation:
The Childcare Act 1991 [5],
Education Act 1998 [6],
Youth Work Act 2001 [7],
Equality Legislation 1998, 2000 [2,3],
Freedom of Information Act 1997 [8],
Mental Health Act 2001 [9],
Misuse of Drugs Act 1977 [10],
Intoxicating Liquor Act 2003 [11],
Children Act 2001 [12].

Principles:
- Confidentiality and communication with appropriate services;
- Ethical support and guidance;
- Guidance on recruitment, screening and appointment of staff;
- Availability of complaints procedures;
- Training in maintenance of adequate case records.

Questions for Consideration

Is the organisation aware of all the relevant legislation in relation to working with young people?

How does this awareness impact on work practices?

Is the organisation meeting its' legal and ethical obligations?

Quality Standards

Quality standards are about routinely introducing quality improvement standards to increase effectiveness and efficiency. Put simply, quality standards refer to activities designed to continuously improve the organisation and its' services.

Quality is essentially about learning what the organisation is doing and doing it better. It also means finding out what may need to be changed in order to ensure that the needs of service users are met.

Quality is about:

- Knowing what we want to do and how we want to do it;
- Learning from what we do;
- Using what we learn in order to develop our organisation and its' services;
- Seeking to achieve continuous improvement;
- Satisfying our stakeholders – those different people and groups with an interest in your organisation.

The stages for implementing a quality system are:

1. Agree on standards – these concern the performance of staff (paid and unpaid) and management, and the expectations of users.
2. Carry out a self-assessment – compare how well you are doing against these expectations.
3. Draw up an action plan – what needs to be done, who will do it, how will it be done and when.
4. Implement – do the work.
5. Review – check what changes have been made and whether they have made the difference you were hoping to achieve.

Introduction of a quality system will take commitment, planning and some resources but it will guide an organisation in quality service provision.

Questions for Consideration

Has the organisation developed a set of quality standards in relation to its' work? (e.g. needs assessment, planning, implementation, evaluation)

Who is responsible for maintaining these standards?

How is this process managed?

How are these standards evaluated?

Good Practice Guidelines for Workers

For those working in out-of-school settings, it is of paramount importance to know that you are working in a way that is informed by good practice. If the organisation and the worker are both concerned with good practice, they can be safe in the knowledge that they are providing the best service to young people.

However, workers may be at different levels in terms of their knowledge and understanding of good practice in mental health promotion. Therefore, outlined below is a list of good practice guidelines which the worker should aspire for.

Policies & Procedures	Questions for Consideration
Workers should be familiar with the range of relevant organisational policies and accompanying procedures, which impact on mental health promotion.	Have you participated in a programme of induction? Have you received training on organisational policies and procedures?
Workers should be trained in the practical implementation of relevant organisational policies and procedures. This training should be updated at regular intervals.	Are you aware of your role and responsibilities in relation to same?
Workers should have access to written copies of the relevant organisational policies and procedures.	Are you familiar with the relevant paperwork/record keeping in relation to various policies and procedures?

Use of Materials	Questions for Consideration
Workers should be able to adapt materials, if necessary, to meet the needs of their particular group/s (e.g. age-specific, gender related etc)	Do you have access to a range of mental health/related materials? Do you check the suitability of materials prior to using them with particular group/s? Do you have experience in adapting materials to meet the needs of particular group/s? (Please see Appendix 2) Do you know how to gender and equality proof materials? (Please see Appendices 3 & 5) Are materials culturally appropriate?
Workers should be aware of literacy issues within their group/s and respond accordingly.	Do you know how to adapt materials for those with literacy issues? (Please see Appendix 1)
Materials should be updated on a regular basis.	(Please see Appendix 8 for a list of resources/packs)

Skills & Training	Questions for Consideration
Workers should update their skills (mental health promotion /other related skills) on an ongoing basis (e.g. active listening, etc).	Do you have opportunities within your work to conduct a personal skills audit in order to identify and respond to any gaps?
Workers should avail of relevant training opportunities.	Do you have access to ongoing training opportunities?
Workers should ensure that they have a basic knowledge of the range of mental health issues impacting on the young people with whom they work.	Do you know where/how to access relevant information in relation to various aspects of mental health? (Please see Appendix 10 for a list of relevant websites).

Planning	Questions for Consideration
Planning is the preparation for actions using certain resources in certain ways to attain specific goals. Rationale for planning: • It helps direct resources to where they will have most impact; • It justifies the need for appropriate resources; • It ensures that mental health is not overlooked but is prioritised as a work activity; • It can be used to ensure that the most appropriate programmes and services are provided for the target group; • It provides a rationale for the work; • It forms the basis for effective implementation and evaluation of programmes and interventions.	Do you allow adequate time within your work for planning? Do you develop short, medium and long term plans for your mental health promotion work? Do you work to a particular planning model? (Please see Appendix 12 for an example of a planning model).

Implementing mental health promotion activities	Questions for Considerations
Mental health promotion activities should be developed in partnership with young people. Young people's views should be the starting point of any mental health promotion activity.	Do you have a forum/working method for consulting with young people about the development of activities? How are the needs of young people prioritised and responded to within available resources?
A variety of interactive and creative methodologies including peer led activities should be encouraged within a holistic mental health promotion programme.	What kinds of interactive and creative methodologies are you familiar with? Do you have any experience of working with peer education methodologies?
Young people should be involved as equal stakeholders in future agenda-setting for mental health promotion activities.	Do you have an ongoing plan to consult with young people in relation to this work?

Implementing mental health promotion programmes

Programmes should focus on the wider aspects of mental health promotion and view the young person in a holistic way. For example; programmes designed to prevent suicide may be detrimental to young people if not implemented within in a structured and supportive environment. It may be more appropriate to develop programmes that help young people to cope with stress and anxiety.

The content and presentation of mental health promotion programmes should be relevant to the context of young people's everyday lives.

The focus of the programme should be on modifying known risk and resilience/protective factors. The programme should be directed towards influencing a combination of several risk or resilience/protective factors.

Mental health promotion programmes should intervene at a range of different times, rather than on a once off basis.

There are a range of programmes designed to address specific issues/topics which can impact on mental health, such as;

- Substance misuse
- Alcohol
- Nutrition
- Physical activity
- Sexual health
- Dealing with bereavement
- Divorce/family issues
- Stress
- Suicide/parasuicide/suicidal ideation
- Bullying

In addition, there are a range of programmes that are based on skill development and competencies which can have a positive impact on young people's mental health, such as;

- Anger management
- Conflict management
- Emotional intelligence
- Social skills training
- Assertiveness skills
- Lifeskills
- Goal setting
- Strengths identification
- Problem solving skills
- Self-esteem
- Relationship enhancement
- Decision making
- Coping skill
- Self-management
- Social support identification

For a full description and overview of effective mental health programmes please see the website:
http://journals.apa.org/prevention/volume4/pre0040001a.html

Mental health promotion programmes should take account of the wider social context of the young person, including the family, community and related environmental factors.

Workers should feel comfortable and competent in delivering mental health promotion programmes.

Questions for Consideration

Are you familiar with the determinants of health? (see Chapter 2)

Are you familiar with the holistic approach to health?

Have you designed your programme to take account of the holistic approach to health?

Can young people identify with the content of the programme?
(e.g. is it starting from where they are at?).

Reflective Practice & Evaluation	Questions for Consideration
Evaluation implies judgement based on careful assessment and critical appraisal of given situations, which should lead to drawing sensible conclusions and making useful proposals for future action (please see Good Practice Guidelines for Organisations for more information).	
Evaluation should be an integral part of all mental health promotion work. In particular, a process for evaluation should be built into any mental health promotion programme from the beginning. Evaluation methodologies, especially those used with young people, should be creative and participative (e.g. use of arts based methodologies etc). It is vital to respond to the feedback gathered through evaluation and to use any learning to inform future work in the area	Do you plan for evaluation as part of your work? Have you had experience of internal and external evaluations? Are you familiar with a range of methodologies (arts based/other) for use in evaluation? Do you consult with all of the relevant stakeholders as part of the evaluation process? How do you use the results of evaluation?
Reflective practice involves thinking about and learning from your own practice and from the practice of others, so as to gain new perspectives on the dilemmas and contradictions inherent in your work situation, improve judgement, and increase the probability of taking informed action when situations are complex, unique and uncertain. Rationale for reflective practice; • To generate practice-based knowledge, as it is based on real practice; • To value what practitioners do and why they do it; • To support practitioners by offering a formal opportunity to talk to peers about practice; • To focus the practitioner on ways of becoming more effective as the reflective process is action based; • To remind qualified practitioners that there is no end point to learning about their everyday practice. How to reflect on your practice: • Begin with critical reflection in which you question and examine your own ideas and assumptions about your work; • Get into the habit of writing. Writing is a powerful medium for facilitating reflection on practice, whether in the form of reflective diaries or journals, and it assists the reflective process, by acting as a reminder and a more in-depth analysis of what was employed in practice. • Find someone/a group you feel comfortable with to disclose and share your practice with. This will help you improve your practice by becoming more consciously aware of it. • Use a reflective framework to get you started, for example: 1. What? A description of the event. 2. So What? An analysis of the event. 3. Now What? Proposed actions following the event.	Are you familiar with the concept of reflective practice? Do you self-evaluate? Do you have access to a peer support/supervision facility? How could reflective practice impact on your work? Are there opportunities for ongoing learning and upskilling within your organisation?

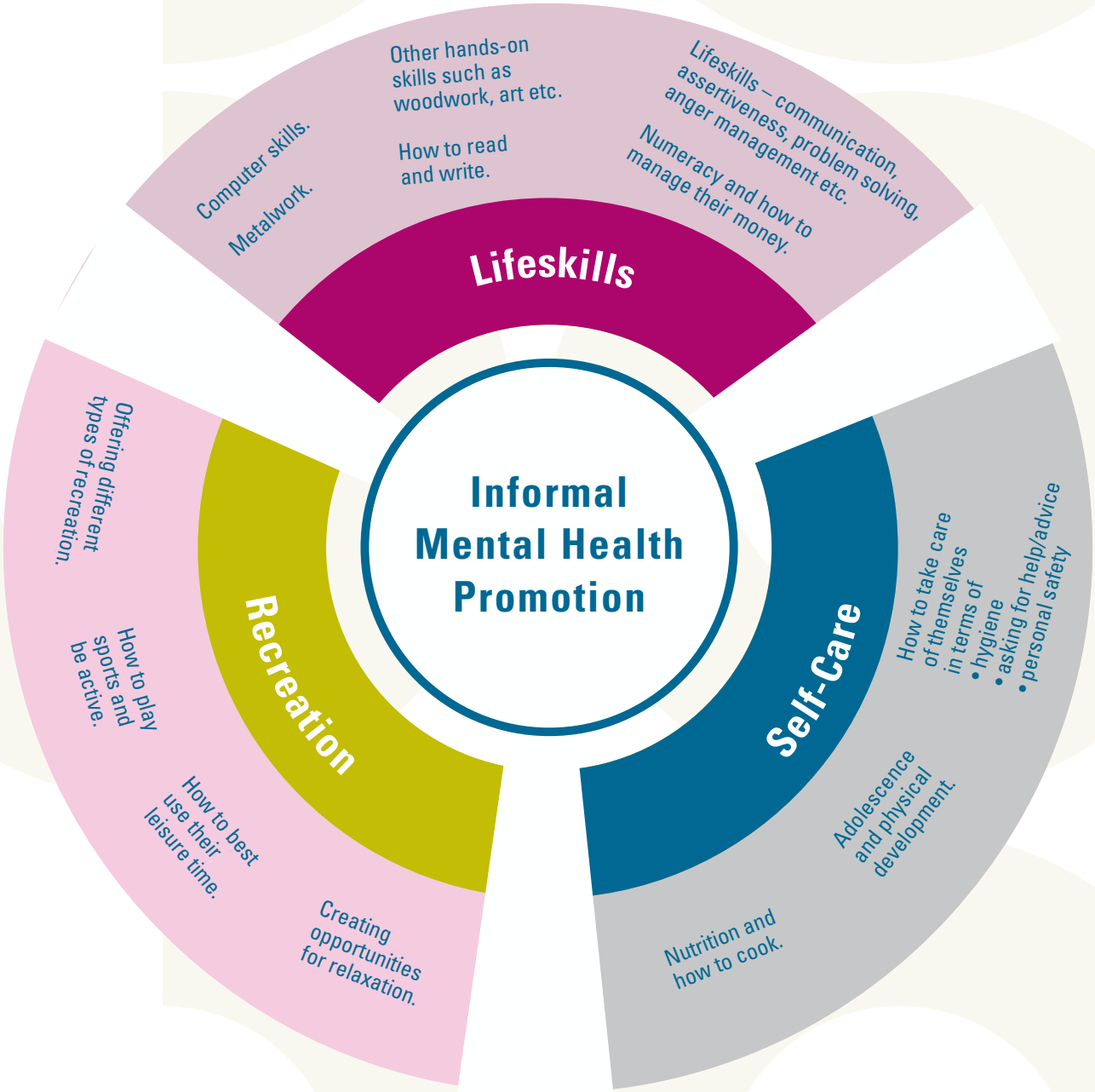
Boundaries	Questions for Consideration
Workers should have a commitment to recognise the boundaries between personal and professional life and to be aware of the need to balance a caring and supportive relationship with young people with appropriate professional distance.	Do you make a clear distinction between your personal and professional life? What is the nature of your relationship with the young people with whom you work?
Workers should recognise the need to be accountable to young people, their parents or guardians, colleagues, funders, wider society and others with a relevant interest in the work. They should also recognise that these accountabilities may be in conflict.	To whom are you accountable? How do you ensure that you are working within the relevant boundaries in your work?
Workers should be clear about their role and accompanying responsibilities and should also be clear about their own limitations (e.g. when it becomes apparent that a young person has a mental health difficulty, the worker should refer on to the relevant services).	Do you have a job description that clearly outlines your role and responsibilities?
Workers should not operate in isolation from the organisation. They should form part of a clear line management structure, which provides support, supervision and facilitates accountability. Workers should ensure that the safety and well being of young people is not compromised through any mental health promotion work. Workers should ensure that their own safety and well being is also maintained.	Do you have access to a support/supervision structure?

Confidentiality & Communication	Questions for Consideration
Workers should have a clear understanding about the nature of confidentiality in relation to their work. The nature of confidentiality should be agreed at organisational level. Workers should establish a clear understanding of confidentiality and any associated limits therein with young people, parents and any other relevant stakeholders.	Does your organisation have a written statement on confidentiality? Have you received any training in relation to the issue of confidentiality? Are you clear about the nature and limits of confidentiality in relation to your own work?
Workers should be prepared for the possibility, when working with young people and mental health promotion, that situations may arise where information, initially given in 'confidence', needs to be shared with others. (e.g. if a young person discloses suicidal ideation, self-harm, or poses any risk to themselves or others, the worker has an obligation to pass this information on to the relevant services). Furthermore, it would be usual in these situations to inform parents/guardians unless there are mitigating circumstances, which would prevent this.	How would you deal with any conflicts arising out of what young people tell you in 'confidence' and what needs to be passed on? How do you make explicit to young people the limits on confidentiality?
There should be clear protocols and procedures for sharing information in relation to a young person's mental health difficulties. These protocols and procedures should operate at internal (e.g. colleagues, line management) and external (e.g. referral to specialist services, parents etc) levels. A good rule of thumb is that information should be shared on a 'needs to know' basis.	Has the organisation developed protocols and procedures for sharing information? (internally & externally).

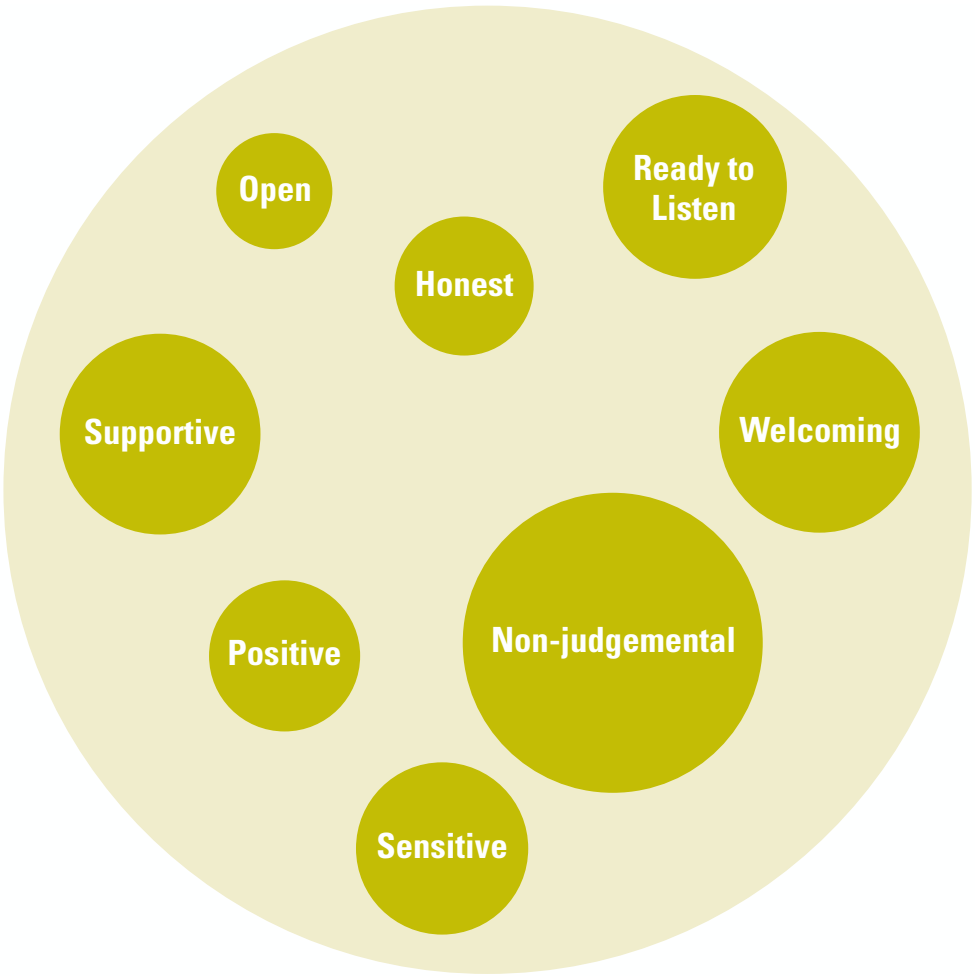
Referral & Services	Questions for Consideration
Workers should be aware of when a young person has a mental health difficulty requiring referral. (see Chapter 4).	Have you received any training in relation to young people's mental health?
Workers should be familiar with the range of referral services available to them and how they operate.	Are you familiar with the range of local, regional and national mental health services?
Workers should be aware of any protocols in relation to making referrals. (e.g. parental rights etc). Workers should continue to support a young person through the referral process and beyond.	Does your organisation have a written policy in relation to referrals? Are you familiar with legal obligations in relation to referral? (see Chapter 4).

Examples of Day-to Day Informal Mental Health Promotion

From the consultation process for this project, a number of examples were highlighted as potentially promoting mental health in an informal way:



Core-skills of those working with young people in out-of-school settings



The Worker	Their relationship with the young person
Call each young person by their name	Provide a safe environment for young people
Smile	Build and sustain trusting relationships
Be aware of transition periods in a young person's life and be available to provide support when necessary (e.g. leaving school, changing schools, becoming a parent, leaving home etc)	Use creative ways of communicating with young people – role plays, arts and crafts, drama, quizes, moving debate etc.
Identify needs and respond to them	Be available to listen or talk to a young person if they ask to speak to you
Try to understand where the young person is coming from, what life is like for them	Use every opportunity to build confidence in young people
Update your skills regularly in order to respond effectively to young people's needs	Show that you care
Use your active listening skills	Praise a young person for asking for help
	Give the young person a sense of belonging
	Celebrate their achievements
	Offer stability and continuity

Examples of Irish Mental Health Promotion Projects/Initiatives

The National Suicide Review Group has been involved in supporting projects in the area of mental health promotion since 2000, as part of its broader remit in suicide prevention. Funding has been allocated to projects following a standardised selection process. Typically projects have involved promoting the psychological well-being of participants by enhancing protective factors and reducing risk factors. Specifically, the content of the projects have ranged from developing core lifeskills such as good problem-solving, to developing resources for use by young people or to aid youth workers. Target groups include youth, unemployed, out-of-school youth, and youth workers, among others. To date, approximately 14 projects targeting adolescents have been funded by the National Suicide Review Group, many of which have been completed.

Outlined below are a number of projects/initiatives which have been undertaken in mental health promotion for young people in Ireland.

1. **Suicide Prevention, A Resource Handbook for Youth Organisations**, National Youth Federation.
   For more information contact the National Youth Federation on 01 8729933.

2. **Feasibility study for teenage help web site – Health Promotion**, Health Service Executive North West Area.
   For more information contact the Health Promotion Service in the North Western Health Board on 071 9852000

3. **The Health Living Project**, Foróige/Southern Health Board.
   For more information contact Foróige on 01 4501122

4. **Youth – Take two**, Waterford Youth Committee.
   For more information contact the Waterford Youth Committee on 051 874911 or 878254

Suicide Prevention – A Resource Handbook for Youth Organisations

The Suicide Project: Resources and Training for Youth Workers was a joint initiative between the National Youth Federation, the Suicide Resource Office of the South Eastern Health Board and the National Suicide Review Group. The project was undertaken during the period September 2002 – September 2003, and was guided by an Action Plan, which was agreed, between the three agencies. There were three strands to the project:

1. STRAND ONE: PRODUCTION OF RESOURCES

This strand involved the production of two resources: a *Suicide Prevention Resource Handbook* for youth organisations and, a *Suicide Prevention Information Booklet* for youth workers and volunteers. An Editorial Working Group comprising representatives of the three agencies involved in the project oversaw the production of these materials. The publications were based upon original source materials developed by the National Youth Federation in 1995. These materials were updated and further developed by the Editorial Group and staff within the three named agencies, with the assistance of the National Suicide Research Foundation

2. STRAND TWO: TRAINING

Two separate levels of training were designed, with training delivery provided by two Training Officers from the Suicide Resource Office of the South Eastern Health Board. Recipients of training consisted of staff and volunteers from the 5 Local Youth Services of the National Youth Federation operating in the South East of the country, namely:

Carlow Regional Youth Service
Ferns Diocesan Youth Service (Wexford)
Ossory Youth (Kilkenny)
Tipperary Regional Youth Service
Waterford Regional Youth Service

The first level of training was a *three-day intensive training programme*, which was delivered to frontline youth work practitioners from the five youth services. This was followed by *a series of 4 hour information workshops* aimed at other youth workers and volunteers; this also took place in each of the five youth services.

3. STRAND THREE: EVALUATION

It was agreed at the outset of the project that both ongoing and final evaluation would be a central part of the project, and that the final project evaluation should consider recommendations for the improvement of the resources and training programmes, and the mainstreaming of the project on a national basis. A final evaluation report was published early in 2004, which included a number of key recommendations as follows:

Recommendation 1
A comprehensive mainstreaming plan should be developed which utilises formal strategic planning tools and techniques, and which:
- Encompasses the local, regional, and national tiers of mainstreaming
- Involves relevant personnel from the education, health, and youth sectors – with representatives from each tier.

Recommendation 2
The desirability of locating ownership and responsibility for suicide prevention activities at local level should form a central part of the mainstreaming process.

Recommendation 3
The resource implications of mainstreaming – in particular the personnel costs which arise from programme co-ordination and training activities, should be identified and addressed as a matter of priority.

Recommendation 4
The skills based ASIST programme should be adopted as the primary component in the training of youth workers in suicide prevention, and should be made available to all who wish to participate in it.

Teen Help Website – Feasibility Study, Health Promotion, Health Service Executive North West Area

This study was aimed at assessing the possibility of developing an interactive 'teen help website' offering young people health information and support that is: accessible, youth friendly, flexible and developed in partnership with them. The website would promote positive health and behaviour and react to health problems in an accessible, friendly and confidential way.

The initial proposal sought to explore the possibility of an interactive element to the website, whereby students could e-mail or complete online forms to submit requests for help or information. This query would be answered by a trained counsellor and therefore go some way towards addressing the gap between the demand for such services and the reality of service provision. The other function of the website would be to act as a general health promotion information resource by providing content on mental health, sexual health, nutrition, physical activity etc. In addition there would be a frequently asked questions section as well as a directory of help and support services in the region.

Research Findings

During the six-month feasibility study that examined the possibility of developing a teen help website, over 300 teenagers, over 90 parents, youth and health sector professionals and over a dozen I.T. companies were consulted about their views.

Teens, health and help

- Teenagers have an urgent need and desire for accurate engaging, quality information on all aspects of their lives and their health. They currently receive most of their information from friends and the media but only on in an ad-hoc and unmanaged way. Children as young as 10 are receiving sex messages from the media.
- Past mechanisms and existing services, for whatever reason, have failed to fully address their health needs.
- In particular, the areas of sexual health and mental health need urgent attention.
- The main barriers that teenagers have to accessing information and support are privacy, embarrassment and not knowing where to look.

The Internet, health and help

- A total of 40% of adults have access to the Internet and the feasibility showed that approximately 34% of teenagers use the Internet often and 39% sometimes. These figures are thought to be growing at 5–10% per year. Of those that don't use the Internet, 61% said that they would consider doing so in the future, 38% said they would "maybe" use it and 11% said they would not use it in the future.
- The vast majority of those consulted with would welcome the idea of a teen help website provided that:
  1. It was designed like a teen magazine with information on leisure activities and interests such as sports, fashion, cars and music as well as a broad range of health information.
  2. It was done in the appropriate way: youth driven process attractively designed, well promoted, youth friendly content, regularly updated and interactive.

Summary

It appears the development of a teen help website would be welcome and supported by the majority of stakeholders. Indeed, it would act as a much needed service that could go a long way towards addressing the urgent need for quality information and support by teenagers in the North West.

The development of such a site would need a great deal of funding, commitment and resources to ensure its' creation and success. However, its' delivery could revolutionise the provision of services for teenagers and act as a model for best practice in Ireland and indeed internationally.

The Healthy Living Project (Proposal)

This pilot project is being developed by Foróige, the Health Service Executive Southern Area and an expert working group.

Background
The area covered by the HSE has the highest rate of suicide in Ireland at present – 109 deaths in 1998 – 91 males and 16 females and approximately 700 parasuicides. These rates (approximately 20 suicides and 140 para-suicides per 10,000) have been increasing each year.

Foróige has a long tradition as one of the largest youth organisations in Ireland, providing youth work services to 'at risk' young people. Thus, Fóroige are interested in examining the suicide and parasuicide issue and to see how their involvement with these young people can benefit these individuals and their families.

Aim of the Project
The project aims to enable vulnerable young people to reduce their risk of engaging in suicide or parasuicide or other self-harming behaviour by enhancing their skills and ability to cope and communicate effectively. In addition, it will also seek to engage, involve and work with parents through information and parent support groups. If this project proves successful, Foróige hope to transfer the programme to other areas and if feasible to mainstream it in Charleville.

The Partners
This pilot project on suicide prevention targets 'at risk' young people in a youth project managed by Foróige in the Charleville area of North Cork. It will operate as part of the existing 'SKY' Youth Project located in Charleville. Foróige, in partnership with the HSE, will supervise the project. The project has also received funding from the National Suicide Review Group. The model proposes a partnership between a mental health professional and the existing youth worker. This will make the newly employed mental health professional a part of the youth project. As such she or he will benefit from the existing relationship the youth project has with the target group. It is expected that their work will compliment each other and they are likely to co-facilitate some programmes.

The Model
The model has three strands, each focusing on a key area of the young persons life.
Strand one – is about the development of personal skills including, help-seeking, self-awareness, self expression, decision making, goal setting, responsibility and self-esteem.
Strand two – focuses on the home and family life. It seeks to help the young person develop skills to cope in the home environment and to help parents acquire knowledge, skills and self-belief to enable them in their parenting role and as individual human beings.
Strand three – looks at the relationship of the young person with school, community or employment and at improving the interaction between those and the community.

Identification of the target group
In the first phase, the project intends to work with two groups of young people who are already a part of the SKY project and consequently have developed a good relationship with the youth worker. The members of these groups have been identified as at higher risk of suicidal behaviour then others of their age, due to the following factors:
- There has been a suicide in their family or peer group;
- Some have engaged in self-injury;
- They are already or potential early school leavers.

One group involves 10 boys, aged 14–17 years, and the other involves 6 girls, aged 15–17 years.

Outcomes for participants
- The key outcomes the partners want are as follows:
- That participants will feel connected. This includes a sense of belonging to a group or family and feeling part of the community.
- That participants will develop better problem solving skills. This includes being able to ask for help, having a way of accessing help, being able to identify their emotional states, being able to identify key relationships and being able to communicate, feeling some sense of control and have the ability to express their feelings.

Activities
The activities will be decided and organised in consultation with the young people but are likely to include outdoor pursuits, drama and various sports. The activities will be chosen to engage the group, to allow for individual skill development and to allow them to work together toward a common aim. The activities will be organised and facilitated to allow participants to problem solve, communicate, feel part of a group and develop good relationships. It is envisaged that the chosen activities will allow them to have a public demonstration of skill development and of a co-created product e.g. a drama group may put on a play for the community.

Frequency
The partners envisage that participants will have two group sessions per week. These sessions will be a mixture of activities and focused group work led by the mental health worker. The participants will have the opportunity for some one to one sessions – dealing with any issues arising from the group work.

Work with Parents
The partners expect contact with the parents to include:
- Parental permission for children's involvement in the programme;
- Home visits by mental health worker;
- Occasional parents' information meetings on mental health issues;
- One to one support for parents as appropriate.

In the longer term, the partners aim to develop a peer support system for concerned parents, which may include parenting skills development.

Duration
The partners expect the pilot phase to continue for one year. They will formally review the project after about four months.

Youth Take Two – Waterford Youth Committee

Youth Take Two was a 12-month pilot project, which commenced in July 2002. The project aimed to increase confidence and establish strong peer support while building positive relationships between trainers and participants. In identifying negative and self-destructive behaviour, it was the objective of the programme to enable participants to exercise greater control over their lives and empower them to take personal responsibility for the choices they make. The Youth Take Two project had a strong emphasis on the identification and development of healthy coping mechanisms and life skills education.

The project had 7 objectives:

1. To develop self worth and self-esteem.
2. To develop coping skills in an emotional context.
3. To combat depressive responses to emotional and personal problems.
4. To challenge negative and self-destructive behaviour.
5. To raise awareness and identify issues that are linked to suicide and parasuicide.
6. To identify relevant support structures and establish accessibility of these services for young people.
7. To develop practical skills and build confidence through an accredited course in filmmaking.

Youth Take Two project had 5 components:

1. *Day trips and excursions*

A number of day trips took place during the roll out of the project. These trips were designed to facilitate positive relationships between the team leaders and the young people. They also enabled the young people to strengthen their relationships with each other and provided opportunities for them to support each other. The trips required the young people to meet physical and psychological challenges in a supportive environment.

2. *Structured discussions*

Structured discussions with the team leader and participants took place at regular intervals and included discussion of issues such as; sexual health, parenting, suicide and parasuicide, anger management, home life and expectations.

3. *Individual work*

The project co-ordinator was available to each young person to spend time talking individually with them.

4. *An accredited film and video course*

The WYD-EYE Film unit is an accredited FETAC (Further Education Training Accreditation Council) and provided the young people with a film and video course that enabled them to write, direct and produce a short educational film on the subject of suicide and parasuicide. Those participating in the making of the film were all assessed by FETAC.

5. *Health and fitness programme*

A Health and Fitness programme was designed to meet the individual needs of each young person participating in it. Opportunities throughout the gym sessions were created to allow the participants to discuss any issues they may have had, particularly pertaining to their health and well being.

The Target Group

The Youth Take Two project was designed to assist young people within the '"at risk" category'. The group selected to participate in this project were all aged between 15 and 18 years and attending Youthreach in Waterford. Three males and seven females commenced the project, however 3 males and 2 females did not remain involved in the project.

Conclusion

The Youth Take Two project was a positive learning experience for young people and has made a significant difference to their lives. The group of young people who commenced this project had low self-esteem, with little hope for what the future was to bring and poor communication, social and coping skills. They also had limited problem-solving abilities and little or no support. The group of young people finishing the project has made much progress in all these areas.

All components of the project contributed to achieving the project's objectives. The individual work and trust building were particularly important as they provided a sound platform for behaviour change and personal achievements. The optimum learning environment was an informal one that had constant numbers. It was disruptive for both the teacher and participants to have different numbers each day. In hindsight, it would have been of greater ease and benefit for Youthreach to have the Youth Take Two project linked more closely to it.

Youth Take Two has provided a supportive environment for young people to make personal changes such as addressing aggressive behaviours, improving hygiene, changing body image and learning negotiation skills. It has also enabled them to increase their knowledge base, whether it is through the film course, sitting the Leaving Certificate or participating in discussion on topics such as relationships, sexual health or mental health. These changes are a positive starting place and their needs to be continued work and support for these young people to facilitate further personal development.

As a result of the Youth Take Two project participants have started to recognise their potential which has meant that with continued support each young person has new hope and motivation to keep making positive changes within their lives.

"All the positive outcomes are only momentary if they can hold onto the belief that they can change their life. I believe that they know this. They have hope"
Project Co-ordinator.

References

(1) National Youth Health Programme (1999).
Health Promotion in Youth Work Settings – A Practice Manual.

(2) Employment Equality Act (1998)
http://www.equality.ie

(3) Equal Status Act (2000)
http://www.equality.ie

(4) Safety, Health and Welfare at Work Act (1989)
http://www.has.ie

(5) The Childcare Act (1991)
http://www.irishstatutebook.ie/ZZA17Y1991.html

(6) The Education Act (1998)
http://www.irishstatutebook.ie/front.html

(7) The Youth Work Act (2001)
http://www.irlgov.ie/bills28/acts/2001/a4201.pdf

(8) Freedom of Information Act Amendment (1997)
http://www.oireachtas.ie/documents/bills28/acts/2003/a903.pdf

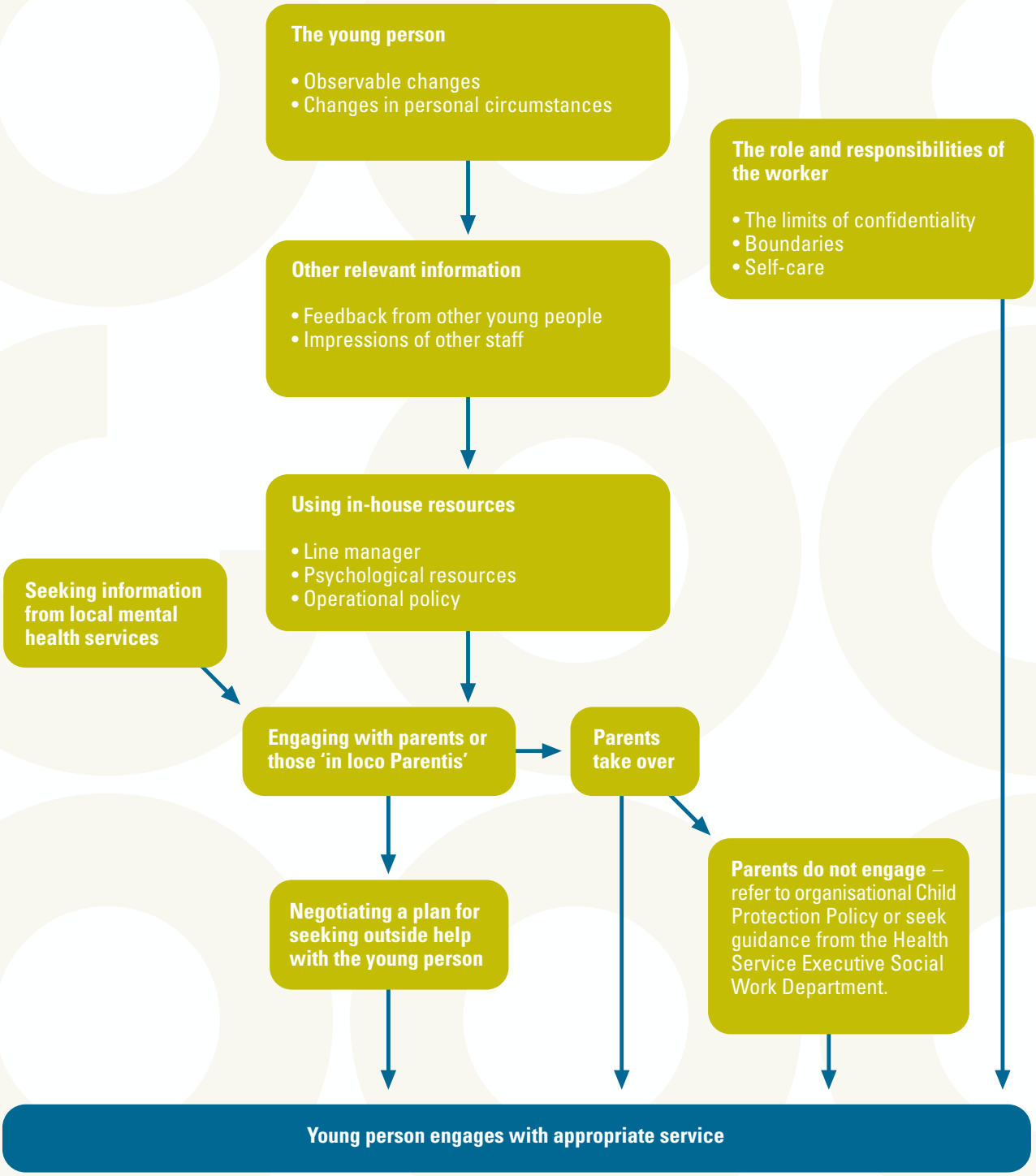
(9) Mental Health Act (2001)
http://www.irlgov.ie/bills28/acts/2001/a2501.pdf

(10) Misuse of Drugs Act (1977)
http://www.irishstatutebook.ie/ZZA12Y1977.html

(11) Intoxicating Liquor Act (2003)
http://www.oireachtas.ie/documents/bills28/acts/2003/a3103.pdf

(12) Children Act (2001)
http://www.irlgov.ie/bills28/acts/2001/a2401.pdf

CHAPTER 4


The young person
• Observable changes
• Changes in personal circumstances
The role and responsibilities of the worker
• The limits of confidentiality
• Boundaries
• Self-care
Other relevant information
• Feedback from other young people
• Impressions of other staff
Using in-house resources
• Line manager
• Psychological resources
• Operational policy
Seeking information from local mental health services
Engaging with parents or those 'in loco Parentis'
Parents take over
Negotiating a plan for seeking outside help with the young person
Parents do not engage – refer to organisational Child Protection Policy or seek guidance from the Health Service Executive Social Work Department.
Young person engages with appropriate service

Those who work with young people in out of school settings are in a key position to recognise that a young person may be in some distress or difficulty. By virtue of their relationship with the young person, they have an important role to play with other key people (e.g. other staff, parents) in ensuring that appropriate supports or professional interventions are made available at these times.

It is ideal if the young person can approach a member of staff and express their need for support, but this will not always happen. One of the reasons for this is the stigma that we as a society attach to emotional vulnerability and mental illness.

The steps that may be involved in the process of recognition and response of the worker to mental distress are outlined below.

THE YOUNG PERSON

Observable changes

A worker may become concerned because of marked changes in appearance, thinking, behaviour and mood in the young person.
Examples of these would be:

- Neglecting physical appearance and hygiene when the young person normally takes care of himself/ herself;
- Withdrawing from social contact;
- Seeming preoccupied or upset by their thoughts;
- Behaviour that is out of character for the young person such as over-activity or not eating meals for a prolonged period;
- Lack of interest in activities that normally engage the young person e.g. sport or music, and so on.

Changes in personal circumstances

A worker may be aware of current changes in personal circumstances of the young person which may be stressful for them or increase their vulnerability.
Examples of these could include:

- Parental separation;
- Pending court appearance;
- Relationship break up;
- Bereavement;
- Questioning their sexual orientation.

Although the above circumstances are very testing for a young person, many young people negotiate these difficulties more easily because they have developed resilience. Some young people will cause concern for workers because they may not appear to cope as well with these issues.

If you have concerns, it is important at this stage to ask the young person informally how they are. They may want to tell you something about their situation that could explain why they have been out of sorts. It is also possible that they might be in great distress or difficulty but will deny this to you when asked. This could happen due to a number of reasons:

- They don't know or trust you enough to share information with you;
- They may feel they should be able to cope and that seeking help is a sign of weakness;
- They are actually in denial about the difficulty themselves.

It is important that you don't take it personally, if a young person doesn't want to talk about their difficulties with you. What's of most importance is that the young person receives some support. Perhaps you can be more supportive to the young person by asking them if there are any other staff members they would feel comfortable talking to or by discussing your concerns with someone more skilled or experienced in these matters.

Other relevant information

The first part of this chapter is based on your own subjective knowledge and impressions of the young person and has certain validity given your role and experience. However, to make a more objective decision about what, if any, action may be necessary it is important to be aware of the opinions of others in your service.

Feedback from other young people
It will generally not be appropriate for a worker to elicit information from other young people in the service about how another young person has been behaving. However, it could be the case that another young person highlights a concern about a peer to you. Cultivating an atmosphere of caring and approachability makes it more likely that young people will feel they can do this. Young people might also drop subtle 'hints' to you about the behaviour of another, either out of concern or because they themselves feel upset or uncomfortable around that person. It is important to be mindful of what young people say about each other, as they are often the first to realise that something might be wrong. They may be much more sensitive to subtle changes in the mood and behaviour of a peer than an adult might be.

It can also be useful to observe the quality of interaction of the young person in questions with his or her peer group. This could be during group sessions or during more unstructured break time.

In a group situation:

- Is the young person over-talkative or not engaging except when asked a question?
- Are they forthcoming in their answers or not really open to interaction?
- Are they snappy or rude in their manner?

Of course, some of these behaviours are perfectly normal for adolescents. The important questions are: how long this behaviour has been displayed for and how does it compare to the person's usual interaction.

At breaks or more informal time:

- Is the young person spending a lot of time on their own?
- Are you aware that they might be made fun of or even being bullied?
- Can they stand up for themselves?
- Can the young person express anger appropriately?

Some young people have difficulty managing their anger appropriately or holding their own with their peer group. What is most important, and what should raise concerns, is if this behaviour is new or out of keeping with what you know of the young person. It may also be possible that ongoing difficulties with coping with others are getting the young person down. Therefore, he or she may benefit from some professional support to develop better ways of relating.

Impressions of other staff
Your own work colleagues are a valuable resource to you in working with young people. A team approach is best practice in youth work. Colleagues can informally support each other and work together to create an environment and structure that meets the needs of the young people in their care.

It generally will not be appropriate to seek information about a specific young person from all staff or volunteers in your service. However, it is prudent to listen to the opinions of other adults working in your service, if they express concerns about particular young people. It is important to take on board reports or concerns without engaging in a discussion about the young person or saying anything that would break the confidentiality to which the young person is entitled. It is important to remember that certain information is on a need-to-know basis.

Other youth work colleagues can be asked for their opinion on how the young person is getting on, or if they have noticed any change. It is ideal if these discussions take place within the structure of a formal meeting where, for example, individual plans for young people or service issues are discussed. However, this may not always be possible because such structures do not exist or there are barriers to information provision. What is important is that these exchanges are professional in manner and method and respectful of the young person's privacy.

There may be written information which would be useful to you, for example incident reports or notes that may be accessible to you in your professional role. There will be varying approaches to information sharing about young people in different out-of-school settings. A policy on communication between staff regarding young people is helpful for workers.

The role and responsibilities of those working with young people in out of school settings.

The limits of confidentiality
The relationship the worker has with the young people in their service is of paramount importance. For some young people, this may be one of the few positive relationships they have with an adult. Respect and confidentiality are vital ingredients in this relationship, but there are limits to confidentiality.

Examples of these include:

- If you are concerned about the safety of the young person e.g. suicidal thoughts;
- You feel the young person might endanger someone else e.g. threats of violence;
- If a young person makes a disclosure to you e.g. sexual abuse;
- If you feel uncomfortable about the relationship;
- You feel burdened by their dependence on you for support.

Boundaries
It is important to emphasise that for the most part, those working with young people in out-of-school settings are not mental health professionals. Therefore, they do not have the responsibility for diagnosing mental health difficulties or providing medication, counselling or therapy. While workers might utilise counselling skills in their interactions with young people, for the most part they do not have the necessary training to offer a counselling relationship to the young person.

Most people are clear about these boundaries at a logical level but boundaries can become blurred for a number of reasons. It can be difficult to maintain boundaries with young people who are vulnerable, because they may have many unmet needs. Some young people will have been let down by other adults in their lives and workers may be anxious to be as supportive as they can be.

Self-care for workers
It is important that workers pay attention to their own personal development needs when working in what can be a stressful job. A good level of self-awareness and managing your own stress make it less likely that boundaries will slip. Workers have an important function also as a role model for young people. The best way that you can influence the mental heath of a young person is through leading by example and looking after yourself. This will from time to time include telling the young person that you feel they need additional support that you are not in a position to provide. You can assure them that you are taking their issues seriously and can refer them elsewhere for help.

Using in-house resources
There are a number of options in relation to in-house support.

Line manager
You can discuss any concerns you have about a young person formally with your line manager. Support your concerns by giving concrete examples of difficulties you have observed in the young person's mood, thinking or behaviour. Outline any changes you have observed, anything the young person has said to you directly, any observations from his/her peers and your colleagues etc.

Psychological resources
Another resource that might be available to you in your setting may be a psychologist or counsellor. It might be possible to 'sound out' your concerns with these professionals or, if appropriate, to set up an appointment with them for the young person with the young person's consent.

Operational Policy
Ideally services should have developed an operational policy in responding to issues such as suicidal behaviour, disclosure of abuse, bullying or evidence of mental illness.

A policy or protocol provides a structure that can help to manage the anxiety and uncertainty that such issues engender. Policy can help take the guesswork out of responding and it should clearly outline the responsibility of the worker and organisation. There is general agreement that having policy in place is good practice and that it benefits the young people as well as the workers and the organisation. Having said that, this implies a radical change for some services as to how issues are handled. It would be fair to say that some services are only at the stage of identifying the need for such structures or taking steps to begin to develop such policy.

Engaging with parents, guardians or those 'in loco Parentis'
At this stage, your line manager may agree with your decision that the individual needs support or intervention, which the youth service cannot provide. In an ideal situation, the worker (or their manager) will make contact with the young person's parents or guardians with the consent of the young person. The worker will advise the family to support and enable the young person to see a professional such as a GP or counsellor. In reality this situation may not occur. A young person may be reluctant for their parents to know that they are in difficulty. If they are over 18 years they are entitled to access a service without the consent of their parents. There is a lack of clarity about those aged 16–18 years however. Some argue that it would be possible to make use of the Non-Fatal Offences against the Person Act, 1997 23 (1) to provide treatments to 16 and 17 year olds. The act states:

The consent of any minor who has attained the age of 16 years to any surgical, medical or dental treatment which in the absence of consent would constitute trespass to his or her person, shall be as effective as it would be if he or she were of full age; and to any treatment it will not be necessary to obtain any consent for it from his parent or guardian.

That, however, is an issue for those who provide medical or therapeutic services. From a practical point of view, youth workers should contact parents or guardians of those under 18 years. It is also considered good practice to contact the parents of young people over 18 years who use your service if this issue arises.
In some cases, parents and guardians are not the appropriate contact because the young person might be living out of home or be homeless. In these cases, minors will be allocated a health board social worker who acts *'in loco Parentis'*, and this is the person you should contact.

Involving parents need not be seen in a negative light. They may be grateful to you for alerting them to their child's difficulty. Sometimes, young people will behave differently in different settings or behaviour might only be apparent in the youth work setting.

Some families are more vulnerable. They may need some support from you in engaging with services from a practical point of view, for example, because of lack of knowledge about what services are appropriate or lack of confidence in approaching services. Other parents may have a poor understanding of mental health difficulties. They may think that the young person should 'pull themselves together' or they may actually deny the significance of the problem. In these cases, you might have to act as an advocate for the young person and try to positively influence the parents to take action. You may encourage them to develop an alliance with you or to allow the youth service to arrange an appointment for the young person on their behalf and with their consent.

Seeking information from local mental health services
In most cases the first port of call is the General Practitioner. The GP can arrange contact with the mental health services or recommend a local counselling service. In some situations, the problem may constitute an emergency and it may be necessary for you to contact the local mental health service directly. You can discuss, in general terms, your concerns about a young person. It should be possible to seek their advice about the next step. This may be the GP, or perhaps a full mental health assessment is needed more urgently. A mental health assessment is then accessed via a general hospital emergency department or the local psychiatric hospital.

It is more effective if this link has been forged in advance of a situation like this developing, it is obviously ideal if the service is familiar with your work set up and better still if you have a named contact you can link in with.

Negotiating a plan with the young person for seeking outside help
It is important that the young person is involved and kept informed with the process of seeking an appropriate service. You might not have any role at this stage as the responsibility may be fully taken over by the young person's parents. If you are involved, it is likely that your role is one of supporting the family in accessing and engaging with a service. It may involve advocating on their behalf if appropriate. At this stage, the young person will require encouragement and support in following through with treatment, by attending appointments and reinforcing their efforts to seek help as a positive step for themselves.

Mental health resources and referral agencies
There is an array of services available to support people with personal and mental health problems. That being the case, it can still, however, be difficult for an individual to know which service is most suitable for their particular needs.

Mental health services have been inadequately funded over the years. As a consequence, there can be a difficulty in accessing certain services, such as counselling, due to lack of availability, geographic location and waiting lists. An additional issue for young people is the current poor service provision for 16–18 year olds who, with changes in legislation, will eventually come under the jurisdiction of the child psychiatric services. These young people are currently the responsibility of adult services which may be inappropriate to their needs. Another major resource issue is the lack of inpatient facilities for adolescents.

General Practitioner

GPs deal with about 90% of all the mental health problems experienced in the population. Of course, some GPs will have more knowledge and skill in the area of mental health, just as some will be particularly interested in other medical issues. GPs can prescribe medication and may even have access to counselling facilities on site. They will generally refer on to other services if they feel additional skills are required. Psychiatric services expect that clients be referred through the GP, who acts as a gatekeeper for the more specialised services that psychiatric services provide.

Generic counselling services for young people

A number of general counselling services are available to young people at low or no cost, although, this can depend a great deal on where a person lives. These are often provided by voluntary agencies (who sometimes get funding from health boards) and statutory agencies or by institutions that provide training to counsellors and psychotherapists. These services are also available on a private basis.

Counselling and psychotherapy are similar processes. They both provide an opportunity to talk about problems with another person who has the skills to listen. Counselling tends to be focused on providing support for the person, for example through a stressful period.

Psychotherapy makes use of the relationship between the client and the therapist to help the client explore what might be blocking them in moving forward with their lives. Services for those under 18 years generally require parental consent and often these services like to work with other members of the family as well.

Specialist counselling services

Some counselling and psychotherapy services developed in response to specific needs. Examples of these include alcohol counselling, addiction counselling, family therapy, bereavement counselling and counselling for people who have experienced abuse as children. Health Service Executives provide these services, as do a number of voluntary sector agencies and groups.
It may be necessary to research locally the age group that these services are prepared to provide for, as considerable variation will apply. Services for those under 18 years generally require parental consent.

Clinical Psychology services

Clinical Psychologists work in a variety of settings across the health services. They make use of the knowledge and skills of psychology, to promote psychological well-being and to prevent and alleviate psychological problems. Referral to a psychologist is often through a GP or a psychiatrist, but contacting the service directly is also possible for those over 18.

Voluntary sector mental health support groups

There are a wide variety of voluntary sector groups that provide support to people in times of difficulty including receiving a diagnosis of a mental illness. Services are available for people who experience schizophrenia, depression, eating disorders, and anxiety problems. These groups often have a number of functions such as the provision of factual information on the illness, advocacy and lobbying, anti-stigma work, supportive services such as groups and help lines and help for families.
(See appendix 10 for a list of useful websites).

Child and adolescent mental health service

These services are for children and teenagers under 16 years and their families. They are best accessed through a GP referral but there is some variation in referral protocols. Some services will accept referrals from other professionals and parents if accompanied by a note from the GP. Appointments are provided on a priority basis.

Waiting lists will apply but emergency appointments are also provided if there are serious concerns about a young person.

A Consultant Psychiatrist heads the mental health team. A psychiatrist is a doctor who has had further training in the treatment of mental health problems. The team usually consists of a number of professionals including Nurses, Clinical Psychologists, Social Workers, Occupational Therapists, and Speech Therapists. It may also include a Teacher, an Art Therapist and a Play Therapist.

A young person will usually be assigned members of the team to work with who best match their individual needs.

Adult mental health service

These services apply to young people over 16 years currently. A Consultant Psychiatrist works with a team that usually consists of Nursing, Occupational Therapy, Social Work, Psychology and Behaviour Therapy. Referrals are usually made to the Consultant through the GP. The initial contact with the team is usually made at the out-patient clinic. The clinic aims to provide a stress free environment to allow the client to have adequate time for a full consultation with the Psychiatrist. The psychiatrist, on the basis of the initial assessment, will decide what further evaluations may be required involving other professionals in the team.

The ultimate objective is to build a comprehensive picture of the client's problems, life situation, supports etc. and how to provide an optimum treatment programme. Mental health services are provided in a number of settings including the Out-Patient Clinic, Day Hospital, Day Centre and in the Client's Home.

Emergency Department of a general hospital

In a crisis situation, where it is not possible or expedient to link with the GP, emergency mental health assessment is through the Emergence Department of a General Hospital. In certain geographical areas, where the child or young person is under 16 years old the family will take the child to the Children's Hospital Emergency Department.

Presentation at the Emergency Department is generally a last resort option. `It should only be used where other mental health support services are not appropriate or available. Often, those presenting at Emergency Departments will have to wait long periods to be seen by the Psychiatric Service on call. In addition, the Emergency Department, of its nature, does not afford the privacy that a GP's surgery or an outpatient clinic office will provide for an individual to discuss their difficulties.

Inpatient mental health services

Most modern mental health treatment is on an outpatient basis, as the emphasis of services is on 'care in the community'. Inpatient services will be necessary on occasions if, for example, someone is very unwell, so much so, that they would pose a danger to themselves or someone else.

It may be necessary for someone to be in hospital if they are suicidal but this depends on the level of risk that they present. In some parts of the country, community mental health services are so well developed, that teams find they require very few inpatients beds, because they are in a position to provide service users and their families with a good deal of support through periods of being unwell. Inpatient services are in psychiatric hospitals or in the psychiatric ward of a general hospital. In a crisis it is possible to present at the local psychiatric hospital. An individual over 16 years old is entitled to an assessment by the duty Psychiatrist.

In practice, this is not an ideal introduction to the mental health services and should only be considered in extreme circumstances. It is best for families to let the GP decide whether additional support from the mental health service is required for the young person and allow the GP to advocate on behalf of the client if an emergency appointment is required.

Complex issues

A number of issues, which are briefly outlined below, are relevant to the mental health issues and out-of - school settings.

Child Protection and Mental Health
There are obvious connections between child protection and mental health issues. The cause-effect relationship can be drawn in either direction. For young people who have experienced abuse, the psychological effects of this can manifest in depression, poor self-esteem, lack of control, self-harm, suicidal ideation and other ways. Conversely, young persons experiencing mental health difficulties can find themselves vulnerable to certain abusive behaviours eg. neglect of medical needs, inappropriate sexual relationships, bullying etc. Of course, this is not to say that all abused young people experience mental health problems or that all young people experiencing mental health difficulties are potential victims of abuse. It does alert us to the extra vulnerabilities of young people experiencing adversity of different types and to the need for vigilance and support of such young people and their families.

It is also worth noting that no worker or agency is alone in attempting to meet the child protection needs of their clients. Safe and responsive services rely on partnerships at many levels such as partnership with the young people, partnership with parents and partnership with other related services. For example where a referral is necessary it is normally with the consent/support of the parents/ guardians. However, there may be instances where the parent/guardian do not engage with this referral procedure. This may then become a Child Protection issue, the worker will then need to seek advice and guidance within their organisation as to how to proceed, and if necessary may be required to refer the situation to the health board social work department. The key consideration in this process is that the welfare of the young person is given paramountcy.

In particular, the two state agencies with legal responsibility to protect young people are the Health Boards and An Garda Siochana.

Workers should ensure that they are aware of their own agency's child protection policy and the local contact points for these two agencies. Workers and agencies should develop links both formal and informal between their service, service users and other relevant agencies.

What should I do if I have a Child Protection Concern?
The most important thing to do if you have a concern about the welfare and protection of a young person is **NOT to do NOTHING!** Dealing with abuse is a difficult and emotional issue for most people.
Maybe a young person has told you directly about abuse he/she has experienced. Perhaps you have noticed physical signs or behavioural changes in a young person, which have no other explanation.
It could be based on intuition born from your own experience of working with young people. In either case, you need to ensure that your concerns are passed on to those who can make a proper assessment of any risk to the young person and decide on appropriate action.

- Consider the existence of immediate risk to the young person
- Record as much detail as possible
- Follow your own agency guidelines on reporting of child protection concerns
- Discuss with line manager and/or designated person within agency
- You should discuss your concerns with the young person's parents/carers unless you consider that so doing would place the young person, yourself or others at further risk
- Discuss informally with local Health Board Social Worker if required.
- Make a report to local Health Board Social Work Department – reports can be made verbally but a written report will be required to follow.
- Remain available as a support to the young person

Substance/alcohol use and mental health
There are often overlaps between substance use and mental health difficulties. Sometimes, someone who has a vulnerability to a mental health difficulty might use alcohol or drugs as a way of self-medicating. For example, someone who is depressed may in the short term experience some symptom relief by using alcohol. Ultimately, alcohol is a depressant and will make a low or depressed mood worse. There is evidence that a number of drugs can cause mental health problems. Ecstasy use is associated with depression and cannabis use can trigger psychotic illness. On occasion, an individual may experience a mental health problem such as depression and also have developed a dependence on a drug.

These individuals are said to have a 'dual diagnosis'. This group often present a challenge to service providers and there is the potential for them to 'fall between stools'.

It is generally acknowledged that communication between mental health services and drug services could be improved for this client group. Some practitioners have advocated the establishment of specialist services for young people who find themselves in this situation.

Organisational response to traumatic incidents
As part of good practice in relation to mental health promotion, youth services (and other sizeable organisations such as schools, 3rd level colleges and workplaces) should take a crisis readiness approach to traumatic incidents.

Examples of such incidents might include an assault on a staff member or the death by suicide of a young person or worker. A crisis readiness plan will outline the structures and protocols that should be put in place in the aftermath of a serious incident that takes place in a youth service or involving young people attached to the service. It will involve identifying in advance who will be involved in managing the response, and what resources might be drawn upon from outside the service.

It is not, however, within the scope of this resource to outline all that will need to be considered in such a plan. (Please see appendix for a list of resources, in particular *The Irish Association of Suicidology, Suicide Prevention in Schools and National Youth Federation, Suicide Prevention – a resource handbook for youth organisations*).

Making youth services accessible to young people with mental health problems
Most people who work in out-of-school settings can readily identify what they do to facilitate access of people with physical disabilities to their settings, for example, organising the construction of a ramp or organising that transport for a trip is wheelchair accessible. It is easier to be aware of these physical adaptations.

Workers need be aware that young people who experience mental health difficulties should be afforded the same opportunities to participate in youth services. At a practical level this could mean staying in some contact with the young person if they need to take time off for a period of treatment/respite.

It may also involve facilitating a gradual re-entry for the young person to the service after a period of absence. This may entail linking with those who have been involved with the young person's treatment, including parents, in order to facilitate the reintegration of the young person into the service. A structured and supportive response is essential to ensure continuity of care for the young person.

Communication channels with mental health services
It is good practice to have established some links with or at the very least have mapped out the local mental health services in advance of a young person you work with being involved with these services. Some people who work in out-of-school settings have reported that mental health services do not provide them with information about how a young person is progressing with their treatment. It must be borne in mind that confidentiality is of the utmost importance. Most mental health services would prefer if the young person communicated their progress to you directly. In some cases, however, workers have legitimate concerns and may feel that they are being asked to provide over and above the usual service for a vulnerable young person without the necessary support.

In these cases, it is important that a senior person in the youth work service formally suggest in writing, the concerns of the service to the relevant mental health service. It may be possible then to come to some agreement on how the situation can be managed in the best interest of the young person, taking account of the resources available and the needs of other young people who attend the youth service.

Typical mental health scenarios

Case study one

Cormac (16) has been coming to the youth service/centre for the last year. Ordinarily he is good humoured and popular. You have been made aware of an incident by another young person where Cormac lashed out at Tracey (aged 16). This outburst has surprised everyone, none more so than Cormac himself.

Questions to explore:

1. What are your immediate thoughts?
2. What actions will you take?
3. What support will you seek?
4. Who else needs to be involved?
5. What procedures should you adhere to?

Case study two

Naomi (16) has had a death in her family. Her father was killed in a car accident 4 months ago. Some days her mother keeps her off from the centre. Recently the other young people have come to you because she has been crying in the toilets. She tells you that she misses her Dad and is worried that her mother is lonely.

Questions to explore:

1. What are your immediate thoughts?
2. What actions will you take?
3. What support will you seek?
4. Who else needs to be involved?
5. What procedures should you adhere to?

Case study three

Niamh (14) hasn't been to the youth service/centre in a month. She has never exactly been the life and soul of the party but her confidence seemed to be at an all time low when you last saw her. After a number of phone calls you drop around to her house, her mother tells you that *"Niamh is too lazy to get out of bed and has let herself go to the extent that she doesn't bother getting dressed"*. When you express your concern to the mother, she tells you that *"it is not counselling she needs but to catch herself on"*. You do not feel that this is an appropriate response from Niamh's mother.

Questions to explore:

1. What are your immediate thoughts?
2. What actions will you take?
3. What support will you seek?
4. Who else needs to be involved?
5. What procedures should you adhere to?

Case study four

Michelle (16) is a difficult young woman to deal with at the best of times. She is dismissive towards the staff and you know that she causes rows between the other young women by stirring things. You inadvertently catch sight of what appears to be cut marks on her forearm that look to be a couple of weeks old.

Questions to explore:

1. What are your immediate thoughts?
2. What actions will you take?
3. What support will you seek?
4. Who else needs to be involved?
5. What procedures should you adhere to?

Case study five

Keith has been a member of staff for the last five years. Lately his attendance at work has become erratic. He seems withdrawn from the young people and they have commented on his appearance which is deteriorating. You have approached him and expressed your concern. He has responded very aggressively which is uncharacteristic of him.

Questions to explore:

1. What are your immediate thoughts?
2. What actions will you take?
3. What support will you seek?
4. Who else needs to be involved?
5. What procedures should you adhere to?

APPENDICES

Adapting Materials for Those with Literacy Difficulties

Adapting Materials for Those with Literacy Difficulties

Before you begin, ask yourself the following questions:

- What is the rationale for writing these materials?
- Who is my target audience?
- How will it be used?

Make your information easy to understand

Use plain language

Plain language involves using clear and concise language when writing and speaking.

Tips for using plain language:

- Use everyday words;
- Use written terms that your readers are familiar with;
- If you need use specialist or technical words, give definitions;
- When using abbreviations, define each one the first time you use it;
- Be consistent with any words you use;
- Use short sentences – no more than 15-20 words;
- Choose your words carefully;
- Use active verbs rather than passive verbs (e.g. the patient signs the consent form – active, the consent form is signed by the patient – passive)
- Be personal – use personal pronouns such as we, and you, instead if terms such as 'the organisation' and 'the client'.
- Paragraphs – make the topic of each paragraph clear to the reader in the first sentence. Limit each paragraph to one idea. Leave space between paragraphs and avoid running paragraphs over pages;
- Engage your readers – encourage your readers to become involved or think about the material. Consider using a dialogue or story format. Invite interaction for example with questions or suggest actions to take.

Get your message read

Make key messages easy to find. This increases the chances that they will be read and understood. Use subheadings and highlighted text to help identify key messages.

Subheadings

- Work best when they give a message rather than simply name the content of the section or paragraph.
- Help direct people to important points in the material.
- Display how the material is organised.

Repeat key messages

Summarising the subheadings into a bulleted list at the end of the material helps readers review the key messages.

Document design tips:

- Use a good quality paper –'coated paper' is recommended to improve legibility;
- Watch out for shadowing – when images and text on one side of a page can be seen through the paper;
- Print on white coloured paper as this is best to maximise legibility, alternatively use a light coloured paper or a solid printed background to make a publication more colourful.
- Use an easy to read fonts, such as Times New Roman or Arial.
- Use no more than three type sizes on a page.
- Use no more than two different fonts in any publication.
- Use 12-point type size for standard materials.
- Use 14-point type size for large print materials.
- Use left justified and right ragged margins.
- Watch background images – a background image with text printed on top of it can make the text harder to read especially if the background is very colourful.
- Graphics and images can compliment text and also offer a break from large amounts of text. Try to place graphs near the relevant text.
- Convey one clear message per graphic.
- Make the message easy to grasp at a glance.
- Show only the actions you want the readers to take.
- Use realistic drawings and photographs that your audience can identify with.
- Show the diversity within your audience, for example male and female, old and young etc.

Test your material

The people who use your material are the best judge of it. Consider asking your audience to describe the message in their own words. Discuss what is the best method for getting your message across.

When writing and designing your material, test it with your audience throughout its development. Check that your audience find the language, graphics and instructions or suggestions:

- Understandable
- Manageable
- Acceptable
- Attractive
- Accessible

Some ways to test material with your audience include using:

- Focus groups
- Interviews
- Questionnaires.

For more information on literacy please see the following websites:
www.nala.ie
www.plainenglish.co.uk

Adapting materials to meet the needs of particular groups

It is often necessary to use and adapt existing materials to suit the needs of your group and to achieve the specific aims of your programme or activity. However before using these materials there are a number of questions you should ask yourself.

Questions to ask yourself?

Content:

Have I reviewed the materials?
Are they relevant in content for what I'm looking for?
Will using these materials help me to reach my aims and objectives?
Is there a possibility that these materials will initiate discussion on other topics?
Am I prepared to deal this possibility?

Age-appropriate:

Are they age-appropriate for my group?
Will I need to leave out/change/review any of the materials in order to make them age-appropriate?

Gender:

Are the materials more suited for use with boys or girls or both?
Will I need to change the use of the materials to fit in with my group (all boys, all girls, mixed)?

Culturally Appropriate:

Are the materials culturally appropriate and sensitive to the needs of other cultures?

Knowledge of group:

How well do I know the group I'm working with?
How long have I been working with this group?
Is the content of the materials relevant for my group at this time?
Is the content too sensitive to introduce at this time?

Attention and interest:

Are the materials interesting enough to hold the attention of the group for a period of time?
Will the group get bored if I use these materials?

Disability:

Will the use of these materials suit young people in the group who may have disabilities?
How will I adapt the materials taking into consideration those with disabilities?

Remember:

Always pilot your materials and make changes as necessary!
Always try to develop your materials with young people!
Always always have back up materials!

Equality Proofing

Equality proofing is emerging as a policy tool within a wider focus on mainstreaming equality, which is itself a relatively new but very welcome approach to the pursuit of equality. It still requires significant development both conceptually and in its practical application, but it holds significant promise for the equality agenda.

"Equality proofing involves the reorganisation, improvement, development and evaluation of policy processes, so that an equality perspective is incorporated in all policies at all levels and at all stages, by the actors normally involved in policy making."

Equality proofing involves the development of an *"integrated and systematic approach to ensure that discrimination and marginalised groups are provided with the necessary means and resources to participate in society as equal citizens."* Within a mainstreaming approach the pursuit of equality is no longer to be seen as the exclusive concern of specialised equality bodies or initiatives. Equality objectives are to be integrated into all aspects of the policy process – planning, implementation, monitoring, evaluation and review.

The objectives of an equality proofing process can be summarised as follows:

- To promote full and effective equality;
- To eliminate the inequalities that lead to poverty and social exclusion;
- To achieve a society that guarantees the inclusion of all groups and one that values rather than discriminates against differences.

Equality Impact assessment

An Equality Impact Assessment is an instrument for assessing the impact of policy on agreed equality objectives. It is an ex-ante evaluation, which means that the impact on agreed equality objectives is assessed before the final decision on a given policy is taken.

Steps to follow when carrying out equality impact assessment:

1. Identify strategic priorities for Impact Assessment – to ensure that those policies likely to have a significant impact on the pursuit of full and effective equality are assessed;
2. Description of current situation before the policy proposal;
3. Define desired outcomes;
4. Scoping: deciding on the matters to be investigated in the Equality Impact Assessment, once a decision has been taken than an Impact Assessment is required;
5. Impact assessment: to identify the likely impacts of policy on each of the nine target groups;
6. Developing options: identifying alternatives to a policy and alternative methods of implementing a policy;
7. Implementation;
8. Monitoring and evaluation
9. Making recommendations and reporting

How accessible is your service?

The Equal Status Act 2000 prohibits discrimination on nine grounds. These are:

- Gender;
- Marital Status;
- Family Status;
- Sexual Orientation;
- Religious Belief;
- Age;
- Disability;
- Race;
- Membership of the Traveller Community.

Accessibility checklist for self-assessment purposes

	Does not meet the criterion	Has seen the need but has only partly met the criterion	Has fully met the criterion
Materials			
Does the information you provide take into account the possibility of literacy difficulties?			
Where there is an identifiable need, is the information you provide available in accessible formats e.g. Large Print, Braille, Audio and Diskette?			
Information is made available in English, and Irish where appropriate. Is the information you provide available in any other languages where such a need has been identified? Please specify:			
Do your materials contain imagery and language that demonstrate the value of diversity?			
Is the information you provide available in locations that are frequently used by people from across the nine grounds?			
Are all forms freely available?			
Do you provide explanatory notes and information to enable service users to complete forms easily and quickly?			
Communication			
Do you advertise your services in publications used by people from across the nine grounds?			
Do you advertise in places that are frequently accessed by people across the nine grounds?			
Does your website comply with web accessibility guidelines?			

	Does not meet the criterion	Has seen the need but has only partly met the criterion	Has fully met the criterion
Service User Feedback			
Is there a designated person with expertise in equality within your organisation?			
Are there complaints procedures in place to deal with situations where services users may feel that they have been discriminated against?			
Physical Environment?			
Are your premises physically accessible to people with disabilities?			
Are your premises welcoming to all services users?			
Have you designated parking facilities for people with disabilities?			
Staff Training			
Does your staff have access to awareness training across the nine grounds?			
Are there support structures available to front line staff – for example, materials, referral, contacts?			

(Support Pack on Equality/Diversity aspects of Quality Customer Service for the Civil Service, The Equality Authority & Strategic Management Initiative (SMI) Division, 2001).

For more information on equality and equality proofing please contact:
The Equality Authority,
Clonmel Street,
Dublin 2.
Tel: 01 4173333
Website: www.equality.ie
E-mail: info@equality.ie

Findings From Consultations

Themes from interviews held with those working with young people in out-of-school settings

Question 1

The youth workers definition of mental health:

Major Themes:

- Ability to cope with reality
- Feeling emotions and dealing with them
- Communicate to those close to them
- Cope with various influences
- Nutritional standards
- State of mind
- How you are feeling
- Your behaviour
- Determination of your state of mind – your family, where you live, how you view yourself, how others view you, what you eat…….
- Link between mental and physical health
- The state of your hygiene
- Health of the mind
- Frame of mind
- Ability to carry out their daily lives with peace of mind.
- Being in control of your life and being relatively happy about all areas of your life.
- Ability to cope with stresses and strains of life.
- Ability to make decisions
- Ability to embrace change
- To feel positive about yourself even with your faults
- To like yourself regardless of what has happened to you in your life
- The well-being of a person
- Natural well-being of a person
- The way people can cope with things
- Someone who is not balanced
- Everyone has a mental health issues, it's just about being aware of it
- Expressed need of early intervention and prevention

Question 2

How would the young people you work with define mental health?

Major Themes:

- Mental illness
- Crude answers
- They wouldn't reflect on it
- They would answer the question in their own lingo *"nuts, spas, retards, being mad, vegetables, muppets, cabbages, mentally retarded, off the wall, headcases, nutters, something missing, off your head, you talk to yourself, someone who is violent, an angry person, someone who takes drugs, someone who has no idea where they are going in life"*.
- Young person's definition of good mental health would be someone who was confident, assertive, someone who stood up for what they believed in, they weren't bullied and they weren't raped.
- Not right in the head
- Their definitions and perceptions of mental health needs to be challenged
- The use of the word "mental" gives the field of mental health promotion the wrong understanding of what it is about and is the wrong place to start from with young people.
- Associations with being bullied, eating disorders, being locked up in an institution with a white jacket on and a padded cell.
- There is a general lack of understanding among these young people and with a lot of youth workers about what is mental health and mental health promotion.
- Stigma needs to be challenged.
- There is a need for prevention.
- Being mad
- They wouldn't see bullying or eating disorders as mental health
- Locked up in an institution
- They wouldn't include depression as a mental health issue
- Families not discussing parental mental health difficulties
- Physical and mental health treated differently – people don't know how to deal with mental health issues
- Youth workers not equipped to deal with mental health issues or situation

Question 3

What are the mental health issues that effect the young people you work with?

Major Themes

- Depression (diagnosed and on anti-depressants)
- Anti-social behaviour, crime
- Aggression, violent behaviour, anger
- Unable to cope deal with things/feelings, distressed
- Physical ill health
- Family issues/disruption/family problems with parents such as drug/alcohol abuse, psychiatric disorders
- Self esteem/low self opinion, general unhappiness
- Confidence
- Communication skills
- Relationships
- Nutrition
- Hygiene, self-care
- Self harm
- Drug abuse
- Suicide
- Attention Deficit Hyperactivity Disorder (ADHD)
- Peer pressure
- Teenage pregnancy
- Bereavement
- Bullying
- Fear, insecurity, fear of being raped, imprisoned, abused, beaten up, neglected etc
- Stress
- Homelessness
- Trauma
- Para-suicide
- Isolation
- Decision-making, problem-solving
- Young people not able to cope with life
- Bad experience with assault and sexual assault
- Eating disorders
- Young person becoming a carer
- The home as not a safe place
- Need a proactive way of dealing with issues rather than reactive
- Issues around the length of time it takes to access services and if the young person is in crisis – what is a crisis?

Question 4

How have you/your organisation addressed young people's mental health issues to date?

Major Themes

- Interaction with young people through youth work, listening to young people
- Building trusting relationships and sustaining them
- Structured activities around health issues and relationship issues
- Informal education
- Group work, one-to-one work with young people
- Bring outside people in to talk to the young people for example the gardai, specialists in suicide etc
- Outreach work
- Personal development activities around assertiveness, self esteem self-image, hygiene, crime awareness, decision making, anger management, stress management, life skills, parenting skills, food and nutrition, communication
- Creating interactive activities – arts and craft, debates, role play, drama, quiz's, outings
- Referring the young person to a counsellor if necessary
- Using peer education/mentoring/group work
- Providing literacy skills
- Giving the young people a sense of belonging
- Celebrate their achievements
- Don't feel I'm skilled enough or trained to do mental health work
- General personal development
- Relationships
- Stability and continuity
- Providing a safe environment
- After schools groups
- Giving support
- Listening and talking to young people

Question 5

What materials, resources, support systems do you currently use in this work?

Major Themes

- Staff training
- Bring in experts to talk to the young people
- In-house training on bullying, challenging behaviour counselling
- Videos, leaflets, booklets,
- Resource packs – *Copping on, Knowledge is power, It's your choice, Sexual health, Racism, One World Week, Staying Safe, Sugar and Spice, Moving on, Drink awareness for youth, Evaluating my assets, Polishing up my image, Stepping out, RSC,*
- Child Protection
- Contacting outside agencies, ISPCC, NYCI, etc
- Referral to counsellors and other services
- Listening skills of staff and life experience of staff
- Training in how to approach mental health issues such as eating disorders
- Information about the issues
- Building confidence, healthy living, ADHD, improving self-esteem, confidence, stress management

Other Themes

Gender differences?

- Girls are more comfortable with talking about things but boys hold back a lot, boys take longer to come out of themselves
- It's easier to build relationships with girls
- Boys have more behavioural problems than girls
- Girls quicker to put themselves down
- Girls are more mature
- Males more shy is relation to talking, not good in personal crisis

Other Issues

- Try to portray mental health as a good thing
- Give holistic education
- Teach young people how to relax.

Question 6

What might help you to respond to the mental health needs of your young people more effectively?

Major Themes

- Access to services – assisted/self referral
- Better child protection services
- Training of staff around the issues of mental health
- Informal education in house
- Support and supervision for staff
- Referral procedures
- Directory of services in your area
- Access to counselling
- Materials – packs
- Links with other agencies including other youth services

Themes from interviews held with key informants from the services (Health Board, Child and Adolescent Psychiatric Services, Mental Health Ireland, Counselling Services for Adolescents).

1. *The mental health difficulties of the young people attending these services:*
- Emotional problems
- Communication difficulties
- Developmental disorders (autism)
- ADHD
- Depressive disorders
- Anxiety disorders
- Family issues
- Suicide
- Bereavement
- Traumatic events
- Drug and alcohol abuse with the young person or with a family member
- Self-harm
- Bullying
- Peer group difficulties
- Isolation

2. *Who can help a young person with a mental health difficulty?*
- Family members
- Relationships the young person may have in the community
- Peers/friends
- A teacher who takes a special interest in the young person
- Youth worker
- Counsellor
- Psychiatrist
- Psychologist
- Social worker
- Psychotherapist
- Speech and language therapist
- Key worker

3. *Risk factors for mental health difficulties in young people*
- Family difficulties
- Mental health difficulties in parents
- Marital breakdown in the home
- Alcohol and drug abuse by the young person or by family members
- Young people who have suffered a loss of any kind through death or separation
- Young people who have suffered various forms of abuse – physical, emotional or sexual abuse
- Young people with learning difficulties
- Young people who have literacy problems
- Behavioural difficulties
- Young people who have suffered a bereavement
- Suicide within the family or community
- Traumatic life events

4. *Protective/resilience factors for mental health difficulties in young people*
- A good relationship with at least one parent
- A good relationship with one significant other
- Certain personality types
- Genetic factor
- Good peer relationships
- Good social skills
- Family support

5. *Who can refer to your services?*
- GP's
- Schools
- Parents
- Social workers
- Casualty departments
- Local community care teams
- Youth organisations/leaders/workers

6. *What age group does your service cater for?*
- 0–15 years, once they turn 16 years old they become the responsibility of the adult mental health services.
- 11–18 years (19 years if need be)

7. *How is your service accessed?*
- Referral only with the consent of parents
- Referral via a phone call stating the reason for the referral, with the young person's knowledge that the referral is taking place.

8. *How should a person make a referral to your service?*
- The young person should be willing to attend the service, you should discuss it with them
- The parents should agree to the referral being made
- The referral could be made through a GP or a social worker
- Phone the service and discuss the referral procedure and to see if it is the right agency to be referring the young person to.

9. *What is the contact of your service and the youth work sector?*
- Relatively little depending on the case load at a particular time, if we have a number of young people out of school and attending various other programmes our contact would be greater.
- Quite good link with the Youthreaches in the area because if we have a young person attending our service who is at risk of leaving school we usually try to get them into youthreach.

10. *Are youth workers in a good position to be referring young people to the services?*
- Definitely as it is the people on the ground working with young people who know what they are like so they are in the best position to see what levels of difficulties the young people are having and how they are coping.
- Once the youth worker involves the parents they are in a good position to recommend referral.
- A youth worker is a very appropriate person to refer to the services given the amount of contact they have with young people are the fact that they know these young people.

Findings from the consultation day held on the 14th of January with those working with young people in out-of-school settings.

Defining Mental Health

1. Well-being, in control, content, stable, in touch with your emotions, positive, happy, have self-esteem, mental health is a combination if all of the above. It is an overall feeling of well-being.
2. Mental health is a social and personal sense of well-being and the ability to cope.
3. Mental health is emotional well-being, coping skills adaptation to change, ability to maintain interpersonal relationships, to rationalise and appropriately react to everyday situations. It involves social, physical, psychological, emotional and spiritual aspects.
4. Mental health is the emotional and psychological well-being of an individual.

Definition of Mental Health Promotion

1. Providing information, education, training, services resources and general support to all. Early intervention and promotion is key.
2. Mental health promotion is small group work, creating a comfortable environment, using a holistic approach, building confidence to cope, building social skills, establishing links, supports, making referrals, strengthening the mental health of staff, providing support skills and boundaries.
3. Mental health promotion is the promotion and implementation of physical/sports activities, strategies to meet the emotional needs, specific educational initiatives e.g. life skills, abuse awareness, training programmes to include interpersonal and intrapersonal skills from youth workers, best practice guidelines i.e. knowledge of available services.

Draw and Write Technique

What makes a young female happy?

16 years old

- Clothes
- Jewellery
- Make-up Friends
- Boyfriend/girlfriend
- Good body image
- Popular
- Some positive family relationships
- Own space – bedroom
- Some income
- Social life
- Children
- Second chance – possibly education
- Some independence
- Own phone
- Transport
- Feeling of belonging
- Good health
- Positive relationship with some adults

What makes a young female unhappy?

14–15 years old

- School/teachers
- Wall of pretence
- Friends/peer pressures
- Alcohol/smoking/drugs
- No money
- No phone credit
- Being/feeling invisible
- Young lads
- Sex
- Noise/lack of privacy/ no quiet space
- Being labelled
- Fear/stress
- Gangs
- Violence
- Family image
- Reputation
- Boredom
- Home/family issues
- Poor body image/body conscious

What makes a young male happy?

14–15 years old

- Being popular with peers
- Positive close relationships with males or females
- Acceptable body image to themselves/identify self image
- Freedom to choose
- Feeling empowered
- Independence
- Being listened to
- Involvement in interests and hobbies
- Being valued as an individual
- Sense of achievement
- Teenage accessories i.e. mobile phone etc
- Money
- Good self-esteem and self-confidence
- A happy home environment
- A good place to hang out

What makes a young male unhappy?

15 years old

- Physical appearance
- Family circumstances – domestic violence, one-parent family, loss and bereavement
- Responsibilities – job, childcare, providing money
- Isolation
- Culture
- Boredom – lack if facilities
- Self-esteem
- Personal safety
- Boundaries
- Lack of positive role models
- Media
- Stereotypes
- Other people's perception of them
- Self-care
- Puberty
- The future – no direction, lack of opportunities
- Individuality
- Bullying
- Relationships – teenage pregnancy
- Sex and sexuality
- School –learning difficulty, lack of interest
- Peer pressure – alcohol, drugs, criminal activity
- Money – clothes, mobiles, gadgets, going out, food – lunch

Mental Health Issues for Young People
Question – What mental health issues (relating to young people) are you encountering in your work?

Group 1

Low self-esteem
Depression
Stress/anxiety
Suicide
Challenging behaviours
Staff supports
Bereavement/loss/family dissolution
Addiction
Impact of parents mental health
Diagnosed illness
Lack of information/understanding
Stigma
Sexuality
Eating disorders

Group 2

Sexual health
Self-harm
Pregnancy
Bullying
Peer pressure
Drugs
Mood swings
Family background
Child protection
School
Cultural differences
Eating disorders
Depression
Irrational beliefs
Homelessness

Group 3

Addiction
Young people who can't cope or express themselves
Stress
Depression at primary school level
Family illness
Young people becoming the carer
Suicide and attempted suicide
Suicide effects on the community
Self-harm
Social exclusion
Dysfunction
Low self-esteem
Chaotic lifestyle and behaviour

Group 4

Depression
ADHD, hyperactivity
Loneliness, rejection, isolation
Fear
Stress
Psychiatric illness
Low self-esteem, confidence
Suicide, para-suicide, suicidal ideation
Sexuality issues
Self harm
Eating disorders

How is your organisation responding to these issues?

INTERNALLY

Group 1
Full time social worker,
Counselling,
Crisis management,
Early intervention,
Parents support,
Staff support,
Training,
Individual behaviour management,
Record keeping.

Group 2
Counselling,
Case conference,
Programmes,
Training.

Group 3
Counsellors,
Informal mentoring,
Family support,
Providing a space for a break away from environment,
Individual support.

Group 4
Staff training,
Creating an appropriate environment to deal with the issues – staff ratio, selection of suitable staff,
Bringing in specialist staff i.e. social workers, counsellors,
Identifying appropriate support services and making links,
Case management and planning – regular reviews of individual participants,
Building relationships with young people,
Internal/external supervision of staff,
Group work with young people using resources – teenage sexual health initiative, copping on.

EXTERNAL

Group 1
Training,
Referrals and assessments,
Sourcing information and advice,
Inter-agency information.

Group 2
Resources,
Training,
Referrals.

Group 3
Lobbying with health boards for support,
Access counsellors,
Refer family therapy/probation,
Suicide prevention resource pack.

Group 4
External supervision of staff,
Training,
External facilitators for groups,
Referrals to appropriate services – networking,
Attending case conferences and statutory reviews,
Co-operating with other services and professionals dealing with other young people.

What are the supports and barriers to you and your organisation in addressing these issues with young people?

Supports	Barriers
Community action to address an issue	Lack of child protection services
Voluntary engagement by young people	Waiting lists for some services
Strength of relationships with young people	Lack of early intervention services
Good resources (information and learning)	School structure, attitude to at risk young people
Support of other staff and management	Suitable resources for target groups (literacy, topics, language)
Inter-agency networks	Difficulty in volunteers accessing training
Contacts in community for information and support	Lack of established protocols regarding inter-agency work
Funding	Lack of information regarding referrals and procedures
Accessing professional staff	Funding
Supervision	Reduction in teaching hours by the Department of Education
Lack of supervision	

Possibilities for this project

Group 1
Leaflet like the North Western Diary
In young people's own words
In a ring binder – space for worksheets to be added
Age-appropriate
Frequently asked questions section
Like a fit for life, healthy minds manual
Every organisation gets one
It will help our young people deal with their own mental health
It will include – warning signs of all the issues, articles written by the young people for example – it's OK to be when you are……., contact details on agencies dealing with issues relevant to young people (Child Line etc)
It should be visual and colourful

Group 2
Like the Northside community directory
Directory of agencies
Reference list of all resources
Self help manual

Group 3
A resource pack for before, after and during doing mental health work with young people (good practice guidelines).
A holistic co-ordinated health programme that is developed in conjunction with schools and the youth services etc (like the SPHE programme)
Directory of service provision – protocols involved in making referrals to various agencies.
Share information on funding
External and internal supervision needed
Everyone in attendance of today should share phone numbers and addresses etc.
Helpline details leaflet for young people and possibly one for parents too.

Group 4
Directory of services with synopsis of services available/age range etc.
Peer education pack – mixture between activity and education pack (Mairead Ward from Blakestown Mountview Youth Initiative doing a general health booklet with young people).
Creation of a website
Organisational approach – lobbying/advocating for resources etc.…)

Gender Proofing

Gender proofing is the means by which it is ensured that all policies and practices within organisations have equally beneficial effects on men and women.

Principles of Gender Proofing

- Gender proofing recognises that differences exist in men's and women's lives and therefore the needs, experiences and priorities are different. Gender proofing is a process whereby these differences are taken into account in the development, implementation and evaluation of policies and actions.
- Gender proofing is based on a commitment to full gender equality. It is premised on a recognition that inequalities exist which can and do discriminate against either sex. Gender proofing is a pro-active process designed to tackle these inequalities.
- It is not simply about increasing women's or men's participation in society – it is the nature and quality of this participation (including the need to ensure that it exists at the highest level of decision making). This participation has to be actively facilitated and encouraged.
- While gender proofing is not about apportioning blame around the inequalities which exist, or discrimination which took place in the past, it is about rectifying the effects of these.

Gender Proofing is not:

- just about having women on boards or committees;
- about having a well written statement, it's about changing the way you work;
- about blaming anybody for the inequalities which do exist;
- about only women taking action;
- about only women benefiting from it;
- about stopping or replacing gender specific policies and programmes targeted at either men or women.

In summary gender proofing essentially involves answering two key questions:

1. is there an inequality or a potential inequality between women and men in a given area?
2. What can be done about it?

How to Gender Proof

The Five Step Gender Proofing Process is essentially a set of five questions which should be posed for any actions/objectives your organisation is planning to undertake. The answers to these questions should then be integrated into the appropriate sections of your organisation's strategic plan or operational planning document.

Objective/Action to be gender proofed:

Step 1: What are the different experiences and roles of men and women which might have an effect on how they benefit from/get involved in (Objective/action.....)?

Step 2: What are the implications of the differences (outlined above) for this objective?

Step 3: Given these implications, what do we need to do when pursuing this objective to ensure equality of outcome for men and women?

Step 4: Who will assume responsibility for ensuring these actions are carried out?

Step 5: How will we measure success in this area? (Indicators, targets)

For more information on Gender Proofing, please contact the
NDP Gender Equality Unit,
Department of Justice, Equality and Law Reform, 43–49 Mespil Rd, Dublin 4. Tel: 01 6632684
E-mail: equalityinfo@justice.ie

List of Helplines for Young People

Organisation	Telephone Number
Aids Helpline Dublin	01 8724577
Al Anon-Alateen	01 8732699
Alcoholics Anonymous	01 4538998
Anti Bullying Research and Resource Unit – Trinity College	01 6082573
Aware Defeat Depression	1890 303302
Barnardo's	01 4530355
Bereaved by Suicide	1800 201890
Bodywhys – eating disorders	01 2835126
Cherish	1890 662212
Childline	1800 666666
Children at Risk In Ireland	1890 924567
CURA	1850 622626
Drugs Confidential Helpline	1800 295295
Family Law Information	1850 391391
Foucs Ireland – emergency accommodation	01 6712555 or 1800 724724
Gamblers Anonymous	01 8721133
Garda Confidential Line	1800 666111
Gay Switchboard Dublin	01 8721055
HIV/STD Clinic – St James Hospital	01 4535245
ISPCC	1800 666666
Irish Family Planning Association	1850 495051 (pregnancy helpline) 1850 425262 (contraceptive info)
Lesbian Line	01 8729911
Nar-Anon	01 8748431
Narcotics Anonymous	01 8300944
National Pregnancy Helpline	1850 495051
National Suicide Bereavement Support Network	024 95561
OANDA – Association for Phobias in Ireland	01 8338252/3
Overeaters Anonymous	01 4515138
Parentline	01 8733500
Rape Crisis Centre	1800 778888
Refuge/Shelter	01 8723756
Schizophrenia Ireland	1890 621631
Samaritans	1850 609090
SECSI Sexuality and Contraception helpline	1850 425262
STEPS Youth Advice and Counselling	01 4734143
Teenhelp	01 4553374
Women's Aid Helpline Support	1800 341900
Victims Support	1850 661771

List of Directories

Name of Directory	How to Access the Directory
A Directory of Services for the South Western Inner City 2004	School St. T.B.C. Family Resource Centre Tel: 01 4531464 or 4547018 Cost €3
A Directory of Irish non-profit Organisations	Available to download from: www.activelink.ie
Community Directory of the Northside Partnership area 1996	Dublin Corporation Public Libraries
Directory of Alcohol, Drugs and Related Services in the Republic of Ireland 2000	Health Promotion Department Tel: 01 8823403 Health Promotion Unit, Department of Health & Children Tel: 01 6354000
Directory of Community & Voluntary Healthcare Organisations 2003-2004	The Wheel Tel: 01 4548727
Directory of National Voluntary Organisations and Other Agencies	Comhairle Tel: 01 6059000 €10 (+P&P) Available to download from: www.comhairle.ie
Directory of Services for People in Distress (South Eastern Health Board)	www.sehb.ie
Directory of services for Persons with Disabilities in the Mid-West	www.mwhb.ie
Directory of Youth and Community Work Courses 2004-5	National Youth Federation Tel: 01 8729933 €8
Disability Federation of Ireland Directory New directory will be available on the website by the end of the year (2004).	Disability Federation of Ireland Tel: 01 4547978 Available on: www.diability-federation.ie
Focus Ireland Hostel and Refuge Directory, 1999	Focus Ireland Tel: 01 6712555 Price €3.17 Postage & Packing €0.89

List of Directories

Name of Directory	How to Access the Directory
HIV & Sexual Health Services Ireland 2003	Dublin AIDS Alliance Tel: 01 8733799 Health Promotion Unit, Department of Health & Children 01 6354000 Available to download from: www.hivireland.ie
Irish Medical Directory	Irish Medical Directory Tel: 01 4926040 €70 (+P&P) Available on: www.imd.ie
Mental Health Directory Northern Area Health Board	Health Promotion Department Tel: 01 8823403
Northern Area Health Board 2003 Directory of Services	Available to download on: www.erha.ie
Online Directory of Women's Groups/Services in Ireland	National University of Ireland, Galway Available on: www.nuigalway.ie/wsc/directory.htm
Signposts Directory – mainstream and complimentary health and social services for people with disabilities.	South Eastern Health Board & Comhairle Available on: www.sehb.ie
The Law Society of Ireland – directory of Irish firms	Available to download from: www.lawsociety.ie

Note: Your local library may hold copies of these directories.

List of Resources/Packs

BOOKS

Name	Author	Price	How to access
A multidisciplinary Handbook for Child and Adolescent Mental health for Front-line Professionals	Nisha Dorga, Andrew Parkin, Fiona Gale Clay Frake	£14.95	Trust for the study of adolescence, 23 New Road, Brighton, East Sussex, BN1 1WZ www.tsa.uk.com
Binge Drinking & Youth Culture, alternative perspectives	Malcom Mc Loughlin Caroline Smyth	€16.95	The Liffey Press, Ashbrook House, 10 Main Street, Raheny, Dublin 5. www.theliffeypress.com
Cultivating Suicide? Destruction of self in a changing Ireland	Malcom Mc Loughlin Caroline Smyth Anthony Clare	€16.50	The Liffey Press www.theliffeypress.com
Mental health promotion concepts and practice, young people.	Louise Rowling, Graham Martin, Lyn Walker	€27.40	Mc Graw Hill Order through any bookshop such as Hodges Figgis.
More than just the blues, understanding serious teenage problems.	Dr Joseph Rey	€15.10	Simon & Schuster Order through any bookshop such as Hodges Figgis.
Stress in young people, what's new and what can we do?	Sarah Mc Namara	£16.99	Trust for the study of adolescence www.tsa.uk.com
Young People and mental health.	Peter Aggleton, Jane Hurry, Ian Warwick	£19.99	Trust for the study of adolescence www.tsa.uk.com
Who's hurting who, young people, self-harm and suicide.	Helen Spandler	£10.00	Trust for the study of adolescence www.tsa.uk.com
Resource books – • Dealing with mental illness; • Coping with stress; • Alcohol abuse; • Drugs and the law; • Self-inflicted violence; • Dealing with bullies; • Adolescent health; • Obesity and eating disorders; • Coping with depression; • Self-esteem; • Mental wellbeing; • Cannabis and mental health.	Independence	£6.95 each	Independence, P.O. Box 295, Cambridge, CB1 3XP. www.independence.co.uk issues@independence.co.uk

PACKS

Name	Author	Price	How to access
Body, Mind & Society	UK Youth	£17.50	UK Youth, 20-24 Kirby Street, London, EC1N 8TS Website: www.ukyouth.org E-mail: info@ukyouth.org
Change Your Mindset	UK Youth	£14.00	UK Youth, Website: www.ukyouth.org E-mail: info@ukyouth.org
Copping On Senior Resource Pack – aimed at 15-18 year olds Junior Resource Pack – aimed at 8-12 year olds	ESF section and the In-career Development Unit of the Department of Education & Science, with the assistance of FÁS and the Department of Justice, Equality and Law Reform.	€150	for training and resource pack Copping On Westside Centre, Unit 1, 51 Main Street, Lexlip, Co Kildare. Tel: 01 - 6104384 www.coppingon.ie/www.coppingon.ie E-mail: info@coppingon.ie
Design for Living Youth Pack	Design for Living Partnership		The Design for Living Partnership Project, c/o Action Mental Health, Mourne House, Knockbracken Healthcare Park, Saintfield Road, Belfast, BT8 8BH. www.healthpromotionagency.org.uk
Healthy Living Healthy Times Healthy Choices	McAuley, B	€29.50 each	North Western Health Board Health Promotion Service Main Street Ballyshannon Co. Donegal Tel: 071-9852000 E-mail: healthpromotion@nwhb.ie
Life Stories – exploring identity with young people	YARD (Youth Action against Racism and Discrimination), National YouthCouncil of Ireland	€6	National Youth Council of Ireland, 3 Montague St, Dublin 2. Tel: 01 4784122 Website: www.youth.ie E-mail: yard@nyci.ie
Mental Health Matters	Mental Health Ireland	Free	Mental Health Ireland Mensana House 6 Adelaide Street Dun Laoghaire Co Dublin Tel: 01 284 1166 information@mentalhealthireland.ie www.mentalhealthireland.ie
Mind Matters – set of 5 resources • Actions • Loss and grief • Relationships • Self-esteem • Stress	UK Youth	All 5 £88 Or £19.75 each	Trust for the study of adolescence, www.tsa.uk.com

List of Resources/Packs

Name	Author	Price	How to access
MindMatters	Commonwealth Department of Health and Aged Care, Australia.	$150 approx	Website: www.curriculum.edu.au/mindmatters E-mail: sales@curriculum.edu.au
Mind Out	North Western Health Board		Health Promotion Department, North Western Health Board Website: www.nwhb.ie E-mail: health.promotion @nwhb.ie
On My Own Two Feet	Department of Education and Science, Department of Health and Children, Mater Dei Counselling Centre (1994)		Marino Institute of Education Griffith Avenue Dublin 9 Tel: 01-805-7718 E-mail: sphe@mie.ie
Out of Mind Out of Place	Cork Mental Health Association Cork Youth Federation		Cork Youth Federation, 10 Church St., Shandon, Cork. 021 251103 Cork Mental Health Association, 24 Penrose Quay, Cork. 021 4551433 / 4551434
Relationships & Sexuality Education	Dept of Education and Science (1998)	€19.00	Government of Ireland Department of Education and Science Marlborough Street Dublin 1
Social, Personal & Health Education	Department of Education & Science, Department of Health & Children	Free	SPHE Support Service (Post-primary) Marino Institute of Education, Griffith Avenue, Dublin 9. Tel: 01-805-7718 E-mail: sphe@mie.ie
Sound Mind	Health Promotion Agency Action Mental Health	Free	Action Mental Health Mourne House Knockbracken Healthcare Park Saintfield Road Belfast BT8 8BH www.healthpromotionagency.org.uk
Spiced Up	Gender Equality Project	Free	National Youth Council of Ireland, 3 Montague St., Dublin 2. Tel: 01 4784122 Website: www.youth.ie E-mail: info:nyci.ie
Suicide Prevention – a resource handbook for youth organisations	National Youth Federation	€10.00	National Youth Federation 20 Lower Dominick Street Dublin 1 Tel: 01 872 9933 Fax: 01 872 4183 Email:info@nyf.ie Web:www.nyf.ie

List of Resources/Packs

Name	Author	Price	How to access
Suicide Prevention in Schools	The Irish Association	€7.62	The Irish Association of Suicidology, of Suicidology St. Mary's Hospital, Castlebar, Co. Mayo Tel: 094-21333 E-mail: www.ias.ie
Support Pack for dealing with the drugs issue on out-of-school settings	National Youth Health Programme	€100 for training and resource.	National Youth Health Programme, 3 Montague St, Dublin 2. Tel: 01 4784122 www.youthhealth.ie nyhp@nyci.ie
Teenage Suicide and self-harm	Trust for the Study of Adolescence	£35.25	Trust for the study of adolescence, www.tsa.uk.com
Young People – suicide and self-harm	Trust for the Study of Adolescence	£15.95	Trust for the study of adolescence, www.tsa.uk.com
Working together for healthy young minds.	Russell House Publishing Ltd.	£24.95	Russell House Publishing Ltd. 4 St. George's House, The Business Park, Uplyme Rd., Lyme Regis, Dorset, DT7 3LS. www.russellhouse.co.uk help@ruessellhouse.co.uk

Please contact your local health board or individual organisations (such as those on the website list) for a full range of health, health promotion and mental health leaflets.

Don't forget that all books and packs, if posted to you are subject to a Postage and Packaging charge.

List of Irish and UK Websites for Young People

Organisation or Name of Website	Website	Comment
@EASE	www.at-ease.nsf.orh.uk	An interactive website for young people under stress or worried about their thoughts and feelings.
Alateen	www.hexnet.co.uk/alanon/alateen.html	For young people aged 12-20 years whose life has been affected by someone else's drinking.
Anti-bullying Research and Resource Unit	www.abc.tcd.ie	This website provides advice and information on bullying.
Bodywhys	www.bodywhys.ie or for anyone looking for information	For anyone with an eating disorder on eating disorders.
Cool Sex Info	www.coolsexinfo.org.uk	The site contains sexual health information and advice and points young people, to professionals, places or organisations where they can obtain further help or assistance in areas such as pregnancy, contraception, and sexually transmitted diseases.
Clued Up (North Western Health Board & Donegal Youth Service)	www.cluedup.ie	This website gives young people straight talking sexual health advice and information. It also provides information on contraception, relationships and pregnancy etc. This website is written in easy language and gives young people open and honest information. The site also provides a directory of local services and a contact to the clued up team.
CURA	www.cura.ie	This website provides women with the services and contact details of CURA in relation to unplanned/ unexpected pregnancy.
D-2K	www.d-2k.co.uk	This is an interactive drugs education website for young people aged 14–16 years.
Dr Ann	www.dr-ann.org	This site gives a whole range of health information for young people, written in their language.
Drug Awareness Programme	www.dap.ie	This site offers young people the opportunity to chat with a professional or to make an appointment with one of them. It offers facts and information about drugs and takes information requests from young people along with having a problem page.

List of Irish and UK Websites for Young People

Organisation or Name of Website	Website	Comment
Drugs Info	www.drugsinfo.ie	This is a national drugs awareness website which is predominantly information based. It gives young people the facts about drugs and points them in the right direction if they need help.
Gay Switchboard	www.gayswitchboard.ie	Provides non-judgemental, confidential, information and support around sexuality.
ISPCC	www.ispcc.ie	On this website young people can find out about STEPS which is a network of youth advice and drop in centres all around Ireland providing young people with help, advice and support on any health related issue.
Kidscape – bullying	www.kidscape.org.uk	A website that provides information to young people on issues around bullying.
Life Bytes	www.lifebytes.gov.uk	This website gives young people aged 11–14 years' facts about different aspects of health in a fun and interesting way.
Like it is	www.likeitis.org.uk	This website gives young people access to information about all aspects of sexual health and teenage life. This site is interesting and well laid out for young people to get around it, there is also a dear doctor page giving questions and answers.
Mental Health Ireland	www.mentalhealthireland.ie/webmag/	A web magazine promoting mental health for young people.
Mind, Body and Soul	www.mindbodysoul.gov.uk	Health information for young people aged 14–16 years.
NSPCC	www.worriedneed2talk.org.uk	A website for young people to get details of how to contact the NSPCC if they want to talk about any problem that are worrying them.
Positive Options (Crisis Pregnancy Agency)	www.positiveoptions.ie	This site provides a directory of agencies that offer advice and counselling to women who find themselves with an unexpected pregnancy.
Rape Crisis Centre	www.drcc.ie	This site provides information, advice and education on rape, sexual assault and harassment and child sexual abuse.
Student Health	www.studenthealth.co.uk	A website written by doctors for young people, with advice about sexual health, general health, travel etc.

List of Irish and UK Websites for Young People

Organisation or Name of Website	Website	Comment
Surf4health	www.surf4health.info	Health and well-being information for young people aged 7–18 years.
Teenage Health Freak	www.teenagehealthfreak.org	Health information for teenagers including aspects of mental health. They also have an A to Z of teenage issues.
Teenhelp	www.teenhelp.org	Mentor website for teenagers who have trouble with depression, homelessness, abuse, school/family life, unemployment, sexuality, suicide and so on.
The Black Dog	www.theblackdog.net	A self-help Irish website for young men suffering mental distress.
The Samaritans	www.samaritans.org.uk	A website for people in crisis who would like to contact the Samaritans, it gives details of how to contact them.
The Site	www.thesite.org	Advice and information for young people on sex, drugs, relationships, working, housing, mental health issues, careers, legal advice and so on.
Unlocked	www.unlocked.ie	An Irish website for young people giving them information about alcohol.
Youth Health (North Eastern Health Board)	www.youthhealthne.ie	This website offers health information for young people living in Cavan, Monaghan, Meath and Louth. The site is interactive and young people can e-mail in questions or queries. The site can also offer urgent support for young people in distress.
Young Minds	www.youngminds.org.uk	This website has a section for young people, where they can access information on specific mental health difficulties or concerns.

List of Useful Websites for Organisations/Workers

Organisation	Website
AIDS Care Education and Training	www.acet.ie
Anti-bullying Research and Resource Unit	www.abc.tcd.ie
Alcoholics Anonymous	www.alcoholicsanonymous.ie
AWARE Defeat Depression	www.aware.ie
Barnardos	www.barnardos.ie
Bodywhys	www.bodywhys.ie
Cairde (provides support to those who are infected/affected with HIV/AIDS)	www.cairde.org
Children at risk in Ireland	www.cari.ie
Central Statistics Office	www.cso.ie
Combat Poverty Agency	www.cpa.ie
Comhairle (information and advice on social services)	www.comhairle.ie
CURA (Pregnancy Counselling Organisation)	www.cura.ie
Department of Health and Children	www.doh.ie
Drugs Information	www.drugsinfo.ie
Focus Ireland (homelessness)	www.focusireland.ie
Gay Community News	www.gcn.ie
Gay Ireland Online	www.gaire.com
Health Promotion Unit	www.healthpromtion.ie
Health Research Board	www.hrb.ie
Irish Association of Suicidology	www.ias.ie
Irish College of general practitioners suicide prevention project	www.icgp.ie/prcsuicide.html
Irish Family Planning Association	www.ifpa.ie
Irish Friends of the Suicide Bereaved	www.suicidesupport.cyb.net
ISPCC	ww.ispcc.ie
Men's Health Forum	www.mhfi.org
Mental Health Ireland	www.mentalhealthireland.ie
National Adult Literacy Agency	www.nala.ie
National Safety Council	www.nsc.ie
National Suicide Bereavement Support Network	www.nsbsn.org
National Suicide Research Foundation	www.nsrf.ie
National Suicide Review Group	www.nsrg.ie
National Youth Council of Ireland	www.youth.ie
Northern Ireland Health Promotion Agency	www.healthpromoitonagency.org.uk
Outhouse (gay, lesbian, bisexual health)	www.outhouse.ie
Rape Crisis Centre	www.drcc.ie
Samaritans, UK and Ireland	www.samaritans.org
Schizophrenia Association of Ireland	www.iol.ie/lucia
Sexual Assault Unit, Rotunda Hospital	www.rotunda.ie/information/special.html
Social, Personal, and Health Education	www.sphe.ie
Trinity College mental health initiative	www.tcd.ie/student_counselling
Women's Aid	www.womensaid.ie

Steps to Developing a Policy

1) **Clarify the present position in organisation**
   - looking at current procedures, situation, resources, attitudes, ethos, profile,
   - i.e. "where is my organisation at now?"

2) **Carry out a needs assessment**
   - workplace needs assessment
   - youth health needs assessment
   - Health & Safety Risk assessment

3) **Draft Policy:**
   - in conjunction with management, staff, volunteers, young people, parents etc.

4) **Pilot Draft Policy – communication, consultation, feedback**
   - how will this happen?
   - consultation with all parties
   - timeframe

5) **Disseminate revised/finalised version of pilot policy**
   - facilitate centre to adopt policy
   - eg. workshops
   - staff meetings
   - meetings

6) **Monitor & Evaluate**
   - identify how, when & who responsible for ongoing monitoring etc.

Planning Model

Stages of Planning

1. Identify needs and priorities
2. Set aims and objectives
3. Decide the best way of achieving the aims
4. Identify resources
5. Plan evaluation methods
6. Set and action plan
7. Action

A Flowchart for Planning

Sample Incident / Accident Report Form

This form should be fully completed by the person in charge of an event in respect of any incident/accident involving personal injury to any person and damage to the property of such persons.

1. Date of Incident/Accident

2. Time of Incident/Accident

3. Place where Incident/Accident occurred:

4. Event at which Incident/Accident occurred:

5. Person in charge:

   Contact Details

6. Witness (Details)

7. Name and Contact details of person who was injured or whose property was damaged:

8. What organisation (if any) is that person a member of?

9. Person in Charge:

10. Is the person an employee of the organisation:

11. Was the injured person taken to hospital?

12. If yes, name of hospital

13. If not did the person receive treatment from any other source

14. Nature and Extent of treatment provided

15. Describe fully nature and extent of damage to property

16. Was incident report to anyone else at the time i.e. Police etc.

17. Details

17. Describe fully the incident/accident

Signed: Date:

Name:

Co-signed: Date:

Name:

Sample Volunteer Application Form

1. Name (Mr/Mrs/Ms)

2. Any other name previously known as

3. Address

Tel. No. (Daytime) (Evening)

4. Date of Birth / / Place of Birth

5. Occupation

6. Please outline why you wish to become a volunteer/employee:

7. Please give details of youth training/any previous experience/involvement in youth activity/clubs.

8. Do you suffer from any illness/disability/medical condition which may at times affect your ability to work with young people? If so, please give details.

9. Times available (Please indicate times when you will be available)

	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Sun.
Daytime							
Morning							
Afternoon							
Evening							

9.1 Please supply the name, address, telephone numbers and position of two people (non-relative) who know you well and can provide us with a reference:

9.2

Tel No.

Position

9.3

Tel No.

Position

Declaration: (Confidential)

10. Have you ever been convicted of a Criminal Offence or been the subject of a Caution or of a Bound Over Order?

Yes No

Signed:

If yes, please state below the nature and date (s) of the offence(s):

Nature of Offence	Date of Offence

Signed:

10.1 I confirm that nothing within my personal or professional background deems me unsuitable for a post which involves working with children.

10.2 I declare that the above information is true and agree that I will abide and accept the terms and conditions of membership/participation.

Signed:

Date:

For Group / Office Use Only		
Checked by phone	Visit	Letter
Checked by:		
Date:		

Sample Volunteer Reference Form

Confidential

_____ has expressed an interest in becoming a volunteer with this club/organisation and has given your name as a referee.

This post involves substantial access to children and as an organisation committed to the welfare and protection of children, we are anxious to know if you have any reason at all to be concerned about this applicant being in contact with children or young people

Yes _____ No _____

If you have answered yes, we will contact you in confidence.

If you are happy to complete this reference form, all information contained on the form will remain confidential and will only be shared with the applicant's immediate supervisor, should they be offered a volunteer position.

We would appreciate you being extremely candid in your evaluation of this person.

How long have you known this person?

In what capacity?

What attributes does this person have which you would consider makes them a suitable volunteer?

How would you describe their personality?

Please rate this person on the following (please tick)

	Poor	Average	Good	V. Good	Excellent
Responsibility					
Maturity					
Self Motivation					
Motivation of Others					
Energy					
Trustworthiness					
Reliability					

Signed Date

Occupation:

Standard form for Reporting Child Protection and/or Welfare Concerns

Private and Confidential

In case of emergency or outside Health Board hours, contact should be made with An Garda Síochana.

A. To Principal Social Worker / Designate: _____

This will be printed as relevant to each Community Care Area.

1. **Details of Child:**

Name: Male: Female:

Address:

Age/D.O.B.:

School:

1a. Name of Mother: Name of Father:

Address of Mother if different to Child: Address of Father if different to Child:

Telephone Number: Telephone Number:

1b. Care and custody arrangements regarding child if known:

1c. Household Composition:

Name	Relationship to child	Date of Birth	Additional Information e.g. School/Occupation

Note: A separate report form must be complete in respect of each child being reported.

2. Details of concern(s), allegation(s) or incident(s), dates, times, who was present, description of any observed injuries, parent's view(s), child's view(s) (if known).

3. Details of person(s) allegedly causing concern in relation to the child:

Name: Age: Male: Female:

Address:

Relationship to Child:

Occupation:

4. Name and Address of other personel or agencies involved with this child:

Social Workers: School:

Public Health Nurse Gardaí:

G.P.: Pre-School/Crèche/Youth Club:

Hospital: Other, Specify e.g. Youth Groups, After School Clubs:

5. Are Parents/Legal Guardians aware of this referral to the SocialWork Department?

Yes _____ No _____

If Yes, what is their attitude?

6. Details of Person ReportingConcern:

(Please see Guidance Notes re Limitations of Confidentiality)

Name: Occupation:

Telephone Number:

Nature and extent of contact with Child/Family:

1. Details of Person completing form:

Name: Date:

Occupation: Signed:

Guidance Notes.

Health Boards have a statutory responsibility under the Child Care Act, 1991, to promote the welfare and protection of children in their area. Health Boards, therefore, have an obligation to receive information about any child who is not receiving adequate care and/or protection.

This reporting form is for use by:

- Health Board Personnel
- Professionals and individuals in the provision of child care services in the community who have service contracts with the Health Boards
- Designated person in a voluntary or community agency
- Any professional, individual or group involved in services to children who becomes aware of a child protection or child welfare concern, or to whom a child protection or child welfare concern is reported.

Please fill in as much information and detail as is known to you. (Health Board personnel should do this in consultation with their line manager.) This will assist the Social Work Department in assessing the level of risk to the child, or support services required. If the information requested is not known to you, please indicate by putting a line through the question. It is likely that a social worker will contact you to discuss your report.

Health Boards aim to work in partnership with parents. If you are making this report in confidence you should note that the Health Board cannot guarantee absolute confidentiality as:

- A Court could order that information be disclosed
- Under the Freedom of Information Act, 1997, the Freedom of Information Commissioner may order that information be disclosed.

You should also note that in making a 'bona fide' report, you are protected under the Protection for Persons reporting Child Abuse Act, 1998.
If you are unsure if you should report your concerns, please telephone the duty social worker and discuss your concerns with him/her. (Local Arrangement to be inserted).

Useful Contacts

Health Board	Mental Health, Suicide Resource Officer Details
East Coast Area Health Board	Mr. Martin Kane, East Coast Area Health Board, Southern Cross House, Southern Cross Business Park, Boghall Rd, Bray, Co. Wicklow Tel: 01 2014296
Midland Health Board	Ms. Rita Kelly, Midland Health Board Office, The Old Maltings, Coote Street, Portlaoise, Co. Laois Tel: 0502 64513
Mid Western Health Board	Ms. Bernie Carroll, Suicide Strategy Co-ordinator, Mid Western Health Board, St Joseph's Hospital, Mulgrave Street, Limerick Tel: 061 461454 or 061 483454
Northern Area Health Board	Ms Teresa Mason, Health Promotion Service, Northern Area Health Board, 3rd Floor, Park House, North Circular Rd, Dublin 7 Tel: 01 8823416
North Eastern Health Board	Mr. John Maguire, Health Promotion Unit, North Eastern Health Board, St. Bridgets Hospital, Ardee, Co Louth Tel: 041 6856994
North Western Health Board	Ms. Ann Sheridan, North Western Health Board, Ardaghomen, The Mall, Sligo Tel: 071 49623

Health Board	Mental Health, Suicide Resource Officer Details
South Eastern Health Board	Mr. Sean McCarthy, Suicide Prevention Strategy, South Eastern Health Board, St Patrick's Hospital, John's Hill, Waterford, Tel: 051 874013 ext:2125
Southern Health Board	Ms. Brenda Crowley, Mental Health Resource Officer, Southern Health Board, St David's Hostel, Clonakility Hospital, Co.Cork Tel: 023 33275
South Western Area Health Board	Ms Catherine Brogan, Health Promotion Department, South Western Area Health Board, 3rd Floor, 52 Broomhill Rd, Broomhill Industrial Estate, Tallaght, Dublin 24 Tel: 01 4632800
Western Health Board	Ms. Mary O'Sullivan, Western Health Board, 1st Floor, Westcity Centre, Seamus Quirk Rd. Co. Galway Tel: 091 48360 ext:159

Organisation	Contact Details
National Suicide Review Group	Mr. Derek Chambers, Research and Resource Officer, National Suicide Review Group, 1 Perott Avenue, Collage Road, Cork Tel: 021 4253056
National Suicide Review Group	Ms. Anne Callanan, Assistant Research and Resource Officer, Western Health Board, 1st Floor, West City Centre, Seamus Quirke Rd. Galway Tel: 091 548424

Useful Contact Details of Services and Agencies

(Please fill in the details of your local mental health services and agencies in the space provided.)

Name of Service	Contact Name	Address	Phone Number

Useful Contact Details of Services and Agencies

(Please fill in the details of your local mental health services and agencies in the space provided.)

Name of Service	Contact Name	Address	Phone Number

Useful Contact Details of Services and Agencies

(Please fill in the details of your local mental health services and agencies in the space provided.)

Name of Service	Contact Name	Address	Phone Number