

**SUBMISSION TO THE WORKING GROUP ESTABLISHED TO TACKLE
BULLYING IN SCHOOLS**

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Background

The Children's Mental Health Coalition (the Coalition) has over 50 members¹ representing groups from service providers, the education sector, human rights and children's rights organizations. The Coalition came together in 2009 to seek improvements in children's mental health in relation to mental health services, the education system, the justice system and the care system. One of the key objectives of the Coalition is to ensure that schools are equipped to engage in mental health promotion and in early supportive interventions.

The Coalition welcomed Minister Quinn's commitment to establishing a working group to tackle bullying and the announcement at the Anti Bullying Forum held by the Department of Education and Skills that submissions on this topic would be invited from interested parties.

This submission is based on consultation with Coalition members in the context of our work in relation to mental health and well-being in the Irish education system. The over-arching questions as set out by the Department of Education in the context of this submission are as follows:

- 1. The priorities that need to be addressed to help prevent and address bullying in schools including any actions to be taken by the Department of Education and Skills, other government departments and agencies and school communities.*
- 2. How these priorities can be addressed and progress monitored, having regard to the current financial constraints within the Department of Education and Skills is operating and in which it must continue to operate during the coming years.*

Why mental health matters in relation to bullying

The Coalition is concerned about an approach to bullying that addresses this issue in isolation. The coalition hope that this working group will view the issue in the context of a whole school approach, not only to bullying, but also to mental health and well-being in schools, as the issues are very much inter-related. It would be regrettable if tackling bullying in our schools did not do so within the context of student's mental health and emotional well-being.

¹ Alcohol Action Ireland, Amnesty International Ireland, ASTI, Barnardos, Bodywhys - The Eating Disorders Association of Ireland, Border Counties Childcare Network, CARI Foundation, Children in Hospital Ireland, Children's Rights Alliance, College of Psychiatry in Ireland, Dáil na nÓg, Educate Together, Foróige, Headstrong, ICTU, INCADDS, Inclusion Ireland, Inspire Ireland, Integrating Ireland, INTO, Irish Association of Young People in Care, Irish Association of University & College Counsellors, Irish Branch of the Association for Child and Adolescent Mental Health, Irish Mental Health Coalition, Irish Penal Reform Trust, Irish Primary Principals Network, Irish Refugee Council, Irish Secondary Students' Union, ISPCC, Mater Child & Adolescent Mental Health Service, Miss Carr's Children's Services, Mothers Union, Mounttown Neighbourhood Youth and Family Project, National Association for Parents Support, National Association of Principals and Deputy Principals, National Parents Council, National Youth Council of Ireland, One in Four, Pavee Point, Psychiatric Nurses Association, Society of St. Vincent de Paul, Spunout, St. Patrick's Hospital, The Psychological Society of Ireland, Youth Advocate Programmes Ireland, Youth Health Programme, Base Youth Centre.

While schools themselves will need to make choices about how to value mental health, it is crucial that schools are supported in doing so. The inter-departmental guidelines that are currently being finalised on mental health are very welcome development in this regard. It is crucial that these Department of Education guidelines give a clear roadmap to schools, and educational facilities at all levels on how to implement a whole school approach to mental health. While it is important that the guidelines address the issue of mental health promotion within schools, they should also map out the supports available to schools in relation to the small percentage of students with mental health problems. The need for schools to take a "whole school approach" to mental health is of fundamental importance. This approach entails that mental health and well-being is seen as an integral part of the school community, ethos and curriculum at a pre-school, primary and post-primary level. Schools should be supported to put the structures in place to do so and to have access to support from professionals to advise them on how to deal with issues that may arise within the school context.

These guidelines must be prioritised at a senior management level within the Department of Education and Skills and structures must be put in place within the Department to support schools to implement these guidelines. The Coalition is aware that this process is being chaired by the Health Promotion Unit of the HSE and that the inter-departmental group which are drafting these guidelines also includes the Department of Education, the SPHE Support Unit, NEPS and the Department of Health. Coalition members are concerned and frustrated that there was a lack of meaningful consultation in relation to these guidelines. Key education and health stakeholders should be consulted on the guidelines while still in draft form. Successful implementation of these guidelines will depend upon clarity with regard to the relationship between and respective responsibility of schools, NEPS, Child and Adolescent Mental Health Services and the National Educational Welfare Board. In order to provide this clarity and to establish clear referral pathways for schools and effective partnerships between the relevant services, it is essential the key senior members of the Department of Health, the HSE and the Department of Education are represented on this inter-departmental group. In particular, senior HSE officials with responsibility for delivering child and adolescent mental health services must be centrally involved in this process. It was clear at a seminar organised by the Coalition that members of the specialist CAMHS advisory group had not been consulted about the guidelines.

While the guidelines should address primary prevention programmes which are long-term and sustainable in school environments, there are a number of key issues which also need to be addressed, specifically;

- These guidelines only relate to second level schools. It is crucial that guidelines on mental health and emotional well being are developed for primary schools, as well as for pre-schools and for the third level sector. The Department of Education must also ensure that the mental health needs of students at all levels, including at third level, are met and that they have an effective working relationship with other governmental departments and agencies to ensure that this happens.

- Training for teachers on mental health promotion, mental health issues, behaviour management issues and how to identify when a student is in distress. This training should be offered to all teachers and included in teacher training curriculum.
- Schools will need to consult with NEPS in how to put the structures in place within the school community to implement the guidelines.
- It is crucial that schools have access to back-up and consultation on how to manage the needs of individual students in the educational context. By supporting schools in this way, this may help to shift the focus from referral and assessment by providing other forms of support for schools on how to manage problems of individual students in the school setting.
- For the small number of students who do have more complex mental health needs and for students in crisis, it is important that the guidelines establish referral pathways for schools. In this regard, the relationship between schools, NEPS and mental health services needs to be addressed.

The Coalition submits that the Department of Education should examine the issue of bullying within the context of a whole school approach to mental health and well-being in schools. The establishment of this working group presents an opportunity to look at practical elements that relate to both bullying and mental health in schools; policy on either should not be developed in isolation.

The Coalition is also concerned about an approach to anti-bullying which focuses solely on the behaviour itself. A more holistic approach would seek to create a culture in our schools that promotes values of respect, dignity, non-discrimination, tolerance and human rights. Embedding these values in our education system, and fostering a whole school approach to mental health and well being will result in a more holistic approach to tackling bullying; creating an environment where bullying is not tolerated rather than focusing on anti-bullying policies alone.

The voice of the child should be of crucial consideration for this working group and the Coalition hope that the Department of Education and the working group will consult with children from all socio-economic backgrounds in a meaningful way, including children who have experience of mental health problems and children who have been bullied.

Recommendation:

- The Coalition submits that the Department of Education should examine the issue of bullying within the context of a whole school approach to mental health and well-being in schools..
- The Department should ensure that the working group addresses the issues outlined above to strengthen the guidelines which are currently being developed.
- The working group should look at practical elements that relate to both bullying and mental health in schools; policy should not be developed on either in isolation.
- The working group should consult with children from all socio-economic backgrounds in a meaningful way, including children who have experience of mental health problems and children who have been bullied.

1. What changes to existing practices and policies in schools would improve how bullying can be tackled in schools?

Develop a whole school approach to mental health and social and emotional well being

The Coalition hopes that this group will use this opportunity to examine bullying as part of a wider examination of mental health and well being in the school setting. The whole school approach has proven to be a successful and resource efficient method of doing this. . It should be noted that there is increasing recognition that health and educational outcomes are inextricably linked, and that the school can be an ideal setting through which to strive for positive outcomes in both².

In order to implement programmes that are sustainable, it is important that schools adapt an integrated “whole-school approach”. The whole school approach seeks to build the capacity of the school community to promote a sense of well-being and address the common emotional needs of young people. It seeks to make changes to the schools’ social and learning environments, strengthen the structures within each school for addressing mental health promotion and promote links between the school and its community.

The whole school approach takes account of the school’s environment and ethos, organisation and management structures. Key to this approach is to

² [2003] ‘Creating an environment for emotional and social well-being: an important responsibility of a health-promoting and child friendly school’ *WHO Information Series on School Health* Document 10 available at: http://www.who.int/school_youth_health/resources/information_series/en/

put a mental health team in place in the school. The team should include parents, students (at post primary level), teachers, the wider school environment and the local community. It is important that this team takes a formal place within the school's organisational structure and is acknowledged and supported by the school principal and management. Once a team is in place, this shifts the focus of schools from delivering fragmented 'projects' and interventions on mental health, to a more coordinated response to identified needs and priorities. This will also improve the sense of connectedness that students have with the school, which in turn improves the learning environment and makes it easier for teachers to work with students. In Australia and the United Kingdom, factors like relationships between teachers and students in classrooms, opportunities for student participation and responsibility, and support structures for teachers, have consistently shown to be associated with student progress³.

The Jigsaw Meath project is a whole-school approach to mental health which is being piloted in Navan: (Beaufort College in Navan, St. Oliver's Post Primary in Oldcastle, St Peter's College Dunboyne and Athboy community College) and one Youthreach centre in Laytown. The Jigsaw Meath project is part of a national network of Jigsaw projects and is aimed at young people. The programme is an initiative of Headstrong and works in partnership with communities. A main component of the Jigsaw process is getting young people involved in their communities.⁴

Start prevention early

Bullying behaviours can start at a preschool level. Intervening early can help equip students with the social and emotional skills that will help prevent later bullying behaviours and will help set a foundation for healthy social relationships. In fact, bullying programs appear to be most effective in the younger years. Teaching respectful behaviour through programmes that encourage a whole school approach to positive behaviour can be a useful way of giving young children the social and emotional tools to understand why bullying is not an appropriate behaviour. This will also help young children to identify bullying behaviour and encourage practical ways to respond and seek help from teachers and parents.

Early Intervention at a Primary School level

Clarke and Barry⁵ show that positive mental health promotion is best done in the early years of a child's life, particularly from the ages of 2-7 years. The working group should examine putting a whole school approach to mental health in place for primary schools and should provide guidance on how this can be done. Examples of such programmes in other jurisdictions include the Mindmatters, BeyondBlue and Kidsmatters programmes in Australia and the

³ Patton GC, Glover S, Bond L, Butler H, Godfrey C, Di Pietro G, Bowes G.[2000] 'The Gatehouse Project: A systematic approach to mental health promotion in secondary schools.' (*Australia and New Zealand Journal of Psychiatry*) Aug; 34(4):586-93.

⁴ <http://www.jigsaw.ie/page/promoting-mental-health>

⁵ Clarke, A.M. and Barry, M. (2010). An evaluation of the Zippy's Friends emotional well-being programme for primary schools in Ireland

UK SEAL⁶ (Social and Emotional Aspects of Learning) programme. The WHO's Ottawa Charter (1986) refers to the importance of the school as a setting for mental health promotion. It has also been found that there is a strong relationship between health, classroom performance, participation and student attitudes.

School based mental health promotion programmes, when implemented effectively, can lead to long term benefits for young people by improving social and emotional functioning and improved academic performance.⁷ International systematic reviews of mental health promotion programmes has shown that comprehensive programmes that target multiple health outcomes in the context of a coordinated whole-school approach are the most consistently effective strategy.⁸

As detailed above, inter-departmental guidelines currently being finalised on mental health in schools only apply to second level. It is crucial that guidelines are developed on the importance of social and emotional well-being and mental health at primary and pre-school level.

Develop anti-bullying policies

Schools must have clear and comprehensive prevention practices and policies that address all forms of bullying and harassment:

- emphasising prevention;
- timely, consistent intervention;
- social-emotional supports for victims and bullies;
- and clear, effective discipline.

While policies do not necessarily change behaviours, they show that bullying in the school environment will not be tolerated and they outline consequences for bullying others. Failure to address bullying in the school setting perpetuates an environment that is unsafe and not supportive of academic achievement, social–emotional development, and mental well-being. Aggression and intimidation violate the right of students to receive equal educational opportunities and subsequently reduce academic engaged time. All students have an equal opportunity to learn and develop in an environment free from discrimination, harassment, aggression, violence, and abuse. It takes an entire school community to create an inviting school climate where everyone feels that they belong and are safe. Owing to this the Coalition strongly advocates a whole school approach to mental health and well-being in schools. Working together, administrators, teachers, school staff, past pupils, parents, and students can help to build such a climate, which can help challenge bullying in schools.

⁶ National Strategies report that it is currently being implemented in around 90% of primary schools and 70% of secondary schools in England. See: <https://www.education.gov.uk/publications/eOrderingDownload/DFE-RR049.pdf>

⁷ A Clarke, M. O'Sullivan and M. Barry, (2010). Context matters in programme implementation. *Health Education*, Vol 110 (4), pp.273-293.

⁸ Jané-Llopis, E., Barry, M.M., Hosman, C. and Patel, V. (Eds.) (2005) *The Evidence of Mental Health Promotion Effectiveness*

Listen to students and encouraging active participation.

Students should also be consulted about what issues negatively affect their mental health within the school context. They should also be consulted about mental health resources, anti-bullying policies, and how these are being implemented within the school. Increasing the capacity and motivation of children to co-operate can lead to a reduction in school bullying.

At a more general level, students should also be consulted about the school curriculum and the extent to which they feel they can engage with it. Active participation in learning helps to foster emotional and social well-being at school and also reduces the risk of students feeling alienated or excluded. The current review of the junior cycle curriculum provides an opportunity to listen to young people about the existing curriculum and how it could be improved. A recent Economic Social Research Institute longitudinal study⁹ provides strong evidence of how the structural features in the school system, such as the central role exams and exam preparation play, can lead to disengagement, poor motivation and low self esteem. The new curriculum should take a holistic approach to learning which incorporates the social and emotional needs of students, rather than a purely academic focus.

The Coalition has received feedback from some young people from the Base Youth Centre in relation to their experience about how mental health is addressed in school. In relation to teacher training, young people feel that teachers should know the warning signs in relation to students dealing with mental health problems and children who were being bullied. They also felt that even for a teacher to acknowledge that a student is going through a rough time and telling that young person that they will try to find someone they could talk to would be really helpful. Feedback also revealed that streaming into higher and ordinary classes can impact negatively on mental well-being and can lead to isolation and sometimes bullying. Many students feel labelled if they are placed in the lower classes, which is then detrimental to their self-esteem.

Encourage a positive school culture by teaching and modelling values of respect, dignity, non-discrimination, tolerance and human rights

It is important that schools discuss the problem of bullying openly with students and listen to them about how to tackle this problem and how to create a school environment that does not tolerate bullying, harassment or discrimination¹⁰. Current DES Bullying Guidelines were introduced in 1993 and need to be updated to take account of issues that have emerged since that time, such as cyber-bullying bullying using text/mobile phone and social media¹¹. There are other issues which we are becoming more aware of which

⁹ *No Way Back? The Dynamics of Early School Leaving*, D. Byrne and E Smythe, ESRI, 2010

¹⁰ For further reading, see: Boulton MJ (1997) 'Teacher's views on bullying: definitions, attitudes and ability to cope.' (*British Journal of Educational Psychology* 67, 223-233.)

¹¹ Hinduja, S. & Patchin, J. W. (2012). 'School Climate 2.0: Preventing Cyberbullying and Sexting One Classroom at a Time.' (*Thousand Oaks, CA: Sage Publications* (ISBN: 1412997836).); Patchin, J. W. & Hinduja, S. (2012). 'Cyberbullying Prevention and Response: Expert Perspectives.' (*New York: Routledge* (ISBN: 978-0415892377).);

should be considered in the context of guidelines on bullying, such as homophobic bullying, children who are bullied because of their ethnic backgrounds and children who are bullied because of the composition of their family. Anti-bullying guidelines need to include an emphasis on awareness raising and education of children in relation to issues of equality, non-discrimination and respect for difference.

In particular, lack of awareness of disability and special educational needs can lead to a high level of bullying among children with special educational needs. Particular attention also needs to be given to the needs of LGBT (lesbian, gay, bisexual, transgender) youth. Young people who do not conform to traditional gender expectations are at increased risk for being bullied and suicide. Schools need to create an environment that promotes tolerance and respect for diversity. Finally, non-discrimination values to be nurtured within the school context should also include anti-racism policies and awareness raising, which include the Traveller Community as an ethnic minority who are often the subject of bullying and intolerance in schools and society more generally.

Understand the connection between bullying and mental health problems

Mental health professionals consulted by the Coalition have submitted that bullying has a significantly negative affect on the mental health of young people in schools.

Research has consistently shown that bullies and targets of bullying have poor mental health prognoses. Involvement in bullying has been linked to depression, anxiety, increased school drop-out rates and increased suicide ideation, thus impacting academic achievement.¹² Children and adolescents who are victims of bullying can experience "poor psychosocial adjustment". Some children who are bullied are singled out for being "different," they find it hard to make friends, tend to be lonely and isolated, and suffer emotionally and socially. As a result, they may skip classes or avoid school, or use drugs or alcohol. Victims of chronic bullying are also at risk for longer-term problems. They are more likely to develop depression or think about suicide later on.¹³ Perpetrators of bullying behaviour also suffer in the long-term¹⁴.

Hinduja, S. & Patchin, J. W. (2009). 'Bullying beyond the Schoolyard: Preventing and Responding to Cyberbullying.' (*Thousand Oaks, CA: Sage Publications* (ISBN: 978141296689))

¹² United States National Association of School Psychologists, *Position Statement: Bullying Prevention and Intervention in Schools*. Available at: http://www.nasponline.org/about_nasp/positionpapers/BullyingPrevention.

¹³ [2009] 'Taking on school bullies' *Harvard Mental Health Letter: September issue*. Available at: http://www.health.harvard.edu/newsletters/Harvard_Mental_Health_Letter/2009/September/taking-on-school-bullies

¹⁴ See also: Elbogen EB, et al. "The Intricate Link Between Violence and Mental Disorder: Results from the National Epidemiologic Survey on Alcohol and Related Conditions," *Archives of General Psychiatry* (Feb. 2009): Vol. 66, No. 2, pp. 152–61; Elbogen EB, et al. "Treatment Engagement and Violence Risk in Mental Disorders," *British Journal of Psychiatry* (Oct. 2006): Vol. 189, pp. 354–60; Fazel S, et al. "Bipolar Disorder and Violent Crime: New Evidence from Population-Based Longitudinal Studies and Systematic Review," *Archives of General Psychiatry* (Sept. 2010): Vol. 67, No. 9, pp. 931–38; Freedman R, et al. "Psychiatrists, Mental Illness, and

They are more likely than other students to drink alcohol or smoke cigarettes. One of the few long-term studies found that, by age 24, 60% of former school bullies had already been convicted at least once on a criminal charge.¹⁵

Schools can act as an early identification and referral point for any mental health problems. Early identification of any problems is an important factor in successful treatment. Poor early identification and referral in schools further disadvantages children with mental health difficulties. Where timely and appropriate interventions are provided for young people with mental health problems, there is clear evidence that many recover or at least develop coping strategies to manage their problems more effectively.

Keep up with technology

Bullying often takes place in areas hidden from adult supervision, and young people are using social media and new technologies to bully others. Both bullying prevention programs and suicide prevention programs need to be aware of the realities of electronic forms of bullying.

Use a comprehensive approach

While many schools have very good bullying policies in place, members of the Coalition have raised the fact that many schools find it difficult to implement bullying policies when faced with a situation where a child is being bullied at school. Schools need training and support in how to implement the guidelines and how to take a more proactive approach to ensure that bullying is not tolerated in schools. The SPHE Support Unit does have a bullying coordinator. However, the Department of Education needs to put a more structured system in place to support schools in this regard. This will require inter-departmental and inter-agency co-operation. Various different bodies such as CAMHS, NEPS, SPHE Support Service, the National Behaviour Support Service and the Special Education Support Service can work together to provide this support to schools.

There is a general need explore and clarify the role Child and Adolescent Mental Health Services (CAMHS) should have in working with schools. Some services do have relationships with schools and referral pathways have been established. Mental health professionals have a different professional relationship with the child. However, there can be a benefit in mental health services establishing a relationship with schools and there is a role for respectful sharing of information between mental health professionals and schools. CAMHS could have a role in supporting health promotion in schools in terms of providing outreach training to teachers.

In England, the Department of Education and Skills commissioned a report to explore joint working between schools and CAMHS and to identify ways in

Violence," *American Journal of Psychiatry* (Sept. 2007): Vol. 164, No. 9, pp. 1315–17; Siever LJ. "Neurobiology of Aggression and Violence," *American Journal of Psychiatry* (April 2008): Vol. 165, No. 4, pp. 429–42.

¹⁵ *Ibid*

which this might be improved. The report made a series of recommendations, including for example, that each CAMHS should have a dedicated person who liaises with schools. It would be very useful for a similar piece of work to be carried out in the Irish context. The Department of Education needs to take responsibility for establishing inter-departmental and inter-agency relationships between NEPS, SPHE support, Special Education Support Service and the HSE (CAMHS) to ensure that there is a multi-disciplinary approach and a co-ordination of services.

In relation to bullying, both CAMHS and NEPS can provide significant support to schools, such as¹⁶:

- Assisting to develop school-wide prevention activities or more targeted prevention activities to help students develop appropriate social skills;
- Counselling victims of bullying in all its forms to ensure that they do not internalise the effects of repeated harassment;
- Conduct informative social–emotional assessments of student perpetrators of bullying behaviour at school;
- Develop interventions to help eliminate bullying behaviours and replace these with positive behaviours;
- Provide consultation to teachers and the parents/guardians of bullies and targets to offer effective resources, supportive interventions, and strategies for managing behaviour.

A national programme for restructuring children’s disability services has been launched with the aim of having one clear pathway for all children with disabilities living in a locality.¹⁷ A National Co-Ordinating Group has been set up to implement this plan. The report of the National Reference Group on which this programme is based recommends a much closer link between health and education professionals working with school age children with disabilities and recommends new developments in approach and procedures. This should include: formal links between health and education services at all levels; procedures and protocols for joint working between health and education professionals; and training for both health and education professionals at undergraduate and post-qualifying level on a regular basis. The report also pointed to other relevant issues concerning schools that need to be considered, which include referral procedures and confidentiality issues.

The Coalition agrees with the findings of this report with regard to the difficulties it identified within the current system of allocating resources based on a diagnosis. This can result on a label being placed on a child and a failure to recognize the complexity of ability and the uniqueness of each child’s strengths and needs.

¹⁶ See United States National Association of School Psychologists, at http://www.nasponline.org/about_nasp/positionpapers/BullyingPrevention.pdf

¹⁷ This programme is based on recommendations of the Report of the National Reference Group on Multidisciplinary Services for Children aged 5-18 (December 2009) <http://www.hse.ie/eng/services/Publications/services/Disability/multidisciplinarydisabilityserviceschildren.html>

Focus on the role of witnesses

Convey the attitude that students who witness bullying are responsible, if possible, to help stop harassment and intimidation. Teach all students the specific skills necessary to help prevent and respond to bullying.

2. How can awareness of bullying and its effects be raised at school level?

Training for teachers

The SPHE support service provides training for teachers on the delivery of the mental health component of the SPHE curriculum. However it should also take into account the whole school approach to mental health (including anti-bullying strategies). In general training of teachers in relation to mental health needs and bullying needs to take place on a much larger scale. This will need greater coordination between health and education providers as well as a more coherent and joined-up approach to training from the various state agencies such as CAMHS, NEPS, SPHE Support Unit and the HSE Health Promotion Unit. Research has shown that teachers need follow-up training to reinforce their initial training.¹⁸ Mental health awareness should also be integrated into teacher training colleges and included as continuing professional development for teachers.

3. Are there any practical steps that can be taken in the short term to improve how schools approach and tackle bullying?

Bullying cannot be tackled on an isolated basis: policy for how mental health and emotional well-being is addressed in schools should be placed at the heart of the Department of Education's remit. It is important that senior responsibility for mental health is assigned within the Department of Education and Skills to co-ordinate the mental health policy that is being delivered in schools. This will necessitate a joined up approach that involves cross-cutting work across key Departments. It is crucial that the Department of Education and Skills provides leadership on this issue to develop inter-departmental co-operation between its Department and the Department of Children and Youth Affairs, the Department of Health and the HSE as well as between the relevant government agencies.

Increasing schools capacity to respond

A major strength of the Irish education system is that it aims to provide a holistic educational experience to students. While some health promotion work already takes place through Irish schools to address the well-being of students, this work is not usually done in a coordinated or sustained manner. Such work is often perceived as "surplus" or remains in fragmented pockets of the school curriculum. There can also be a perception that such initiatives increase the workload and stress of teachers. The main challenge for schools

¹⁸ A Clarke, M. O'Sullivan and M. Barry, (2010). Context matters in programme implementation. Health Education, Vol 110 (4), pp.273-293.

is to integrate mental health promotion into core areas of school life. In order to implement programmes that are sustainable, it is important that schools adapt an integrated “whole-school approach”. In the context of mental health, the whole school approach seeks to build the capacity of the school community to promote a sense of well-being and address the common emotional needs of young people. It seeks to make changes to the schools’ social and learning environments, strengthen the structures within each school for addressing mental health promotion and promote links between the school and its community.

Guidance counsellors

The recent cuts announced by Government in relation to guidance counsellors are of concern, particularly in schools where they were qualified to provide counselling services, as this will lead to less opportunity for students to have one-to-one time with guidance counsellors, resulting in less support for students experiencing mental health problems. In light of these cuts, it is crucial that the Department ensures that in devising their guidance plans, schools continue to make the decision to prioritise the issue of mental health within their school and that they do so in an integrated and sustained way.

4. Are there any exemplars of effective practice, drawn from Irish or an international context that you consider could be usefully introduced in our schools?

There are numerous international best practice example. Recent research carried out by the Oireachtas library and research service examined several of these in their recent work: *Well-being: promoting mental health in schools*, Oireachtas Library and Research Service, 2012:

www.oireachtas.ie/parliament/media/housesoftheoireachtas/libraryresearch/spotlights/spotWellbeing280212_101701.pdf

Other international examples of documenting practical and empirical evidence of effective practice can be found at the following locations:

International Alliance for Child and Adolescent Mental Health and Schools at: www.intercamhs.org/html/resources.htm

Bullying prevention resources developed in the United States:

<http://www.nasponline.org/resources/bullying/index.aspx>

See also: *UCLA Center for Mental Health in Schools*:

<http://smhp.psych.ucla.edu/pdfdocs/bullying.pdf>

“Embedding Bullying Interventions into a Comprehensive System of Student and Learning Supports”, 2011, Center for Mental Health in Schools at UCLA

<http://smhp.psych.ucla.edu/pdfdocs/embeddingbullying.pdf>

[Bullying and Youth Suicide: Breaking the Connection](#)

Richard Lieberman & Katherine C. Cowan

[Bullying Prevention and Intervention: Information for Educators](#)

Philip J. Lazarus & William Pfohl

[Lesbian, Gay, and Bisexual Youth: Preventing Violence and Harassment at School](#)

Todd A. Savage

[Cyberbullying: Intervention and Prevention Strategies](#)

Ted Feinberg & Nicole Robey

[Bullies and Victims: A Primer for Parents](#)

Kathy Robinson

[Relational Aggression in Schools: Information for Educators](#)

Ellie L. Young, David A. Nelson, America B. Hottle, Brittney Warburton, & Bryan K. Young

5. Are there further areas which should be highlighted? If yes, please elaborate.

Improving research evaluation of provision for mental health in schools.

It is important that research is undertaken to monitor and evaluate mental health programmes within schools in order to gather evidence of best practice. While evaluations of some programmes have been carried out, there is a need for effective and sophisticated evaluations of:

- School-based mental health interventions.
- Mental health education that seeks to improve specific aspects of youth mental health i.e. stress levels and suicide rates.
- Positive mental health promotion in early years settings so that resources can be designed and implemented by early years providers.

Research has shown that the most effective mental health promotion programmes are those which are implemented continuously, are long term (more than one year), and include changes to the school climate rather than brief class-based prevention programmes.¹⁹

What are the key priorities that need to be addressed, including actions to be taken by the Department of Education and Skills, other government department and agencies and school communities?

¹⁹ Wells, J., Barlow, J. & Stewart-Brown, S. (2001) 'A Systematic Review of Universal Approaches to Mental Health Promotion in Schools' (*Health Services Research Unit: University of Oxford.*)

It is crucial that bullying is addressed under a wider approach to mental health and well-being. This approach should be integrated into the school community and the curriculum at a pre-school, primary and post-primary level. The Department of Education must also ensure that the mental health needs of students at all levels, including at third level, are met and that they have an effective working relationship with other governmental departments and agencies to ensure that this happens.

While schools themselves will need to make choices about how to implement mental health policies, including policies on bullying, schools should be supported in doing this. The Department of Education guidelines that are currently being developed by an inter-departmental group on mental health are very welcome development in this regard. These guidelines should provide a roadmap for schools in how to implement a whole school approach to mental health and compliment work carried out by the new working group

As re-iterated above, key to the successful implementation of the guidelines on mental health and schools currently being developed will be clarity with regard to the relationship between schools, NEPS, Child and Adolescent Mental Health Services and the National Educational Welfare Board. In order to provide this clarity and to establish clear referral pathways for schools and effective partnerships between the relevant services, it is essential the key senior members of the Department of Health, the HSE and the Department of Education are represented on this inter-departmental group. In particular, senior HSE officials with responsibility for delivering child and adolescent mental health services must be centrally involved in this process. It was clear at the Coalition seminar that members of the Specialist CAMHS Advisory Group had not been consulted about the guidelines.

There is a need for greater coherence in relation to local supports and how they can work together with schools. The Department of Education should work closely with the Department of Children and Youth Affairs to ensure that the Children's Services Committees are involved in addressing the need for coordination between such services and schools at a local level.

Recommendations:

- The Coalition submits that the Department of Education should examine the issue of bullying within the context of a whole school approach to mental health and well-being in schools.
- The Department should ensure that this process addresses the issues outlined above to strengthen the guidelines which are currently being developed.
- The working group should look at practical elements that relate to both bullying and mental health in schools; policy should not be developed on either in isolation.
- The Department of Education and the working group should consult with children from all socio-economic backgrounds in a meaningful

way, including children who have experience of mental health problems and children who have been bullied.

- Policy for how mental health and emotional well-being is addressed in schools should be placed at the heart of the Department of Education's remit. It is important that senior responsibility for mental health and well-being is assigned within the Department of Education and Skills to co-ordinate the various aspects of mental health policy that is being delivered in schools and to ensure a whole school approach is taken.
- Training of teachers in relation to mental health needs and bullying to take place on a much larger scale. This will need greater coordination between health and education providers as well as a more coherent and joined-up approach to training from the various state agencies such as CAMHS, NEPS, SPHE Support Unit and the HSE Health Promotion Unit.

Appendix 1: Submission Form

CONSULTATION ON TACKLING BULLYING IN SCHOOLS

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