



## **Children's Mental Health Coalition submission to the Teaching Council on the Draft Policy Paper on the Continuum of Teacher Education**

The Children's Mental Health Coalition (the Coalition) welcomes the opportunity to make a submission to the Teaching Council on the Draft Policy Paper on the Continuum of Teacher Education.

The Coalition was formed in 2009 to campaign and lobby Government for improvements in children's mental health in relation to mental health services, the education system, the justice system and the care system ([www.childrensmentalhealth.ie](http://www.childrensmentalhealth.ie)). It comprises 50 members representing groups from service providers, the education sector, human rights and children's rights organisations.<sup>1</sup> Our vision is that Ireland should be one of the best places in the world to be a child, where every child's right to mental health is realised. One of the key areas of concern for the Coalition is the capacity in schools and early year settings to provide mental health support, promotion and intervention.

The Coalition welcomes the Draft Policy Paper and calls on the Teaching Council to include in the final Paper a commitment to adequately address mental health. Namely to ensure that teachers in schools and early years' settings are equipped with the skills and resources to engage in mental health promotion and to provide early supportive intervention in schools. The Coalition recommends that mental health needs to be prioritised as a key principle in both initial and continued professional training.

### **Identifying and Addressing Mental Health Difficulties**

The issue of mental health difficulties presents frequently in both primary and post primary schools. A wide range of mental health issues present in both school settings

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<sup>1</sup> 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, Disability Federation Ireland, Educate Together, Family Breakdown Support Services, Foróige, Headstrong, Home-Start National Office, ICTU, INCADDS, Inclusion Ireland, Inspire Ireland, Integrating Ireland, INTO, Irish Association of Social Workers, Irish Association of Young People in Care, 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, ISPPC, 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.

including: anxiety, depression, ADHD, suicidal thoughts, difficulties consistent with conduct disorder (less frequent), eating disorders, social skills difficulties associated with Autistic Spectrum Disorders and Specific Speech and Language Disorder. These issues present in the forms of internalising and externalising behaviours, with behaviours ranging from aggressive and disruptive behaviours, difficulties making and keeping friends, to more internalising behaviours such as withdrawal from school activities and friendship groups and reluctance to engage with others.

Schools can act as an early identification and referral point for any mental health difficulties. 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 children and young people with mental health difficulties, there is clear evidence that many recover or at least develop coping strategies to manage their problems more effectively. The most effective strategy for suicide prevention in schools is to adopt a mental health promotion strategy.

### **Difficulties faced by teachers in relation to mental health issues**

The World Health Organisation advises:

“The importance of schools in the provision of mental health related services for children and adolescents is crucial. In some settings schools can be a primary venue for the delivery of diagnostic and treatment services, and in others the school can serve as a support for getting primary treatment elsewhere. Schools in all cases are to be viewed as a potential resource for the recognition of children and adolescents in need of formal diagnosis and treatment.”<sup>2</sup>

From initial consultation with member organisations of the Coalition it is clear that schools and early years’ providers are not currently equipped to adequately support children with mental health problems. Of central concern is that schools don’t know what supports and services are available. Within the Coalition membership, teachers report challenges managing the range of difficulties that can present in one classroom, while also covering necessary curriculum content. Additionally, teachers report some concerns about the impact of suicide in schools on the wider school community. Coalition members have reported that advice and support are usually available in the event of a suicide attempt. However, of grave concern is there-integration of a student back into the school community following a suicide attempt.

Currently emotional well-being is taught through Social Personal Health Education (SPHE) in post primary schools for half an hour per week. It is the Coalitions’ view that this is inadequate to promote positive mental health and teach students the tools for early identification of mental health difficulties in themselves and their peers.

There is increasing evidence to support the effectiveness of a whole school approach in addressing health issues.<sup>3</sup> A whole-school approach can create a supportive physical, social and learning environment necessary for mental health promotion and engages teachers, students and parents.

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<sup>2</sup> WHO (2003) ‘Caring for children and adolescents with mental disorders: Setting WHO directions’, Geneva: World Health Organisation.

<sup>3</sup> *WHO/JCSH Technical Meeting on Building School Partnerships for Health, Education Achievements and Development* Vancouver, Canada 2007

## **Recommendations:**

1. The Coalition recommends that teachers receive pre-service and regular in-service **training on how to appropriately respond to students experiencing mental health issues** such as emotional distress, anxiety and behavioural problems and that they are provided with practical advice on making supportive interventions, including putting students in contact with appropriate supports and services.
2. The Coalition recommends that teachers receive pre-service and regular in-service **training on the promotion of positive mental health** and are equipped with a “vocabulary” to enable them to discuss mental health issues and teach about them in the classroom.
3. The Coalition recommends that a mental health promotion training framework needs to separate out:
  - Mental health promotion (a whole school approach and teaching approaches for the classroom),
  - Crisis intervention (e.g. A child is at risk), and
  - Crisis response (e.g. a student has died by suicide).
4. The Coalition recommends a ‘whole school approach’ to mental health promotion in the post primary school setting. A **teacher training strategy on creating and nurturing a healthy school environment and understanding and supporting young people’s mental health** would be critical to overcoming the challenges in achieving the level of change required by a whole school approach.

In the development of such, the whole school approach being piloted through Jigsaw sites could be considered where there is a focus on Adolescent Health teams and multi-disciplinary engagement (for example with HSE and NEPS) within the school setting.

5. The Coalition calls for a dedicated and mainstreamed **focus on mental health and well being in the SPHE programme** for students in **every school year**. The programme should facilitate early help seeking by young people themselves as well as training young people in supporting their peers who may experience mental health problems.

The Coalition recognises the important role of the **SPHE Support Service in the provision of emotional well-being training** to teachers and would encourage collaboration on training with youth groups and members of the Coalition with experience in this area.

6. The Coalition recommends that **Guidelines** be developed which provide clear procedures on how teachers can raise concerns about individual students’ mental health difficulties, along the lines of the Children First guidelines. Training should be provided to designated liaison in-service teachers who are allocated responsibility, based upon reasonable judgement, for raising concerns to the appropriate agency, parent or family member. Such training should also be provided to all teachers during initial teacher training.
7. The Coalition welcomes the Council’s recognition of the importance of Information Communication Technology in schools. A Coalition member, Inspire, would be happy to offer support in **developing resources covering**

**mental health literacy** and online communications skills that would help to bridge the 'digital disconnect' between students and teachers.

**2. Specific comments or suggestions in relation to the key sections of the draft policy paper (set out under relevant headings provided in Draft).**

**Current provision:**

***Guiding Principles Underlying the Council's Policy on the Continuum, p.7***

*Based on the three broad pillars of innovation, integration and improvement, the Teaching Council's policy is that teacher education should be underpinned by a number of key principles. It should:...*

**Coalition's recommendation:**

...Equip teachers with the skills necessary to identify mental health difficulties among students, to respond appropriately and to make contact with relevant stakeholders.

**Current provision:**

***Initial Teacher Education***

***Initial teacher education, teacher formation and the continuum, p.9***

**Coalition's recommendation:**

...Programmes of initial teacher education should equip teachers with the skills necessary to promote positive mental health, to identify mental health difficulties among students, to respond appropriately to such difficulties including making appropriate supportive interventions, and to identify and make contact with relevant external supports and services.

**Current provision:**

***The duration and nature of initial teacher education programmes, p. 11***

*The duration of concurrent programmes should be a minimum of four years while post-graduate programmes of teacher education should take place over two years, thereby facilitating an innovative reconceptualisation of current programmes.*

*The additional time available should be devoted to core areas, rather than academic subject electives, and should allow for:...*

p.12

**Coalition's recommendation:**

...An increased emphasis on mental health promotion and the provision of early supportive intervention in schools.

***Design of CPD, p.18***

**Current provision:**

*Approaches to professional development should be designed having regard to the plurality of roles played by teachers in the holistic development of students and to the setting in which teachers work.*

**Coalition's recommendation:**

Particular regard should be had to mental health promotion among students.

***Partnership and collaboration, p.18***

**Coalition's recommendation:**

There should be effective partnership between schools and the National Educational Psychological Service (NEPS) in the delivery of training and the preparation of guidelines on mental health.

**ENDS//**

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