

**GUIDELINES FOR MENTAL HEALTH PROMOTION**

# **WELL-BEING IN PRIMARY SCHOOLS**



## Foreword

We are pleased to jointly publish these Guidelines, which will provide practical guidance on how primary schools can promote mental health and well-being. We know that the mental health and well-being of our children is critical to success in school and life. Education about mental health and well-being is an integral part of the school curriculum.

Schools play a vital role in the promotion of positive mental health in children. Schools can also provide a safe and supportive environment for building life skills and resilience and a strong sense of connectedness to school. Listening to the voice of the child and fostering healthy relationships with peers, teachers and school staff are essential to children's positive experience of school and their cognitive and emotional development. The needs and well-being of school staff are also of paramount importance.

The key to successful implementation of these Guidelines lies in taking a coordinated whole-school approach. This involves building and integrating school self-evaluation processes, implementing all elements of the Social, Personal and Health Education (SPHE) curriculum, adopting the National Educational Psychological Service (NEPS) Continuum of Support, and building effective inter-agency relationships.


The whole-school implementation of the SPHE curriculum framework at classroom and whole-school levels supports the effective delivery of mental health and well-being education. Positive mental health is further reinforced through the strong working partnerships fostered between the Department of Education and Skills (DES), Department of Health (DoH), Department of Children and Youth Affairs (DCYA) and the Health Service Executive (HSE). Links between the education and health sectors may be further strengthened through the development of the health promoting school model to support a whole-school approach to mental health promotion and well-being.

Identifying and supporting children who may be vulnerable or at risk are key to successful mental health promotion and suicide prevention. These Guidelines provide a practical framework for supporting schools in this challenging area and also build on the significant work currently undertaken in schools.

Mental health promotion and the provision of supports for vulnerable students depend on ongoing cooperation between schools and the range of available services and agencies from the education, health and community sectors.

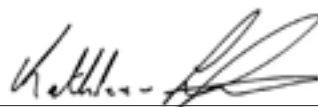
We hope that these Guidelines will be of assistance to schools and the school community in supporting and responding to the mental health and well-being needs of our children.

Finally, we would like to thank all those who contributed to the production of these Guidelines.



**Jan O'Sullivan, TD**

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*It is recognised that mental health is an area of ongoing significant research attention and current thinking and practice may well be superseded by future developments. Therefore this guidance document should be seen as an evolving one that will need adaptation in the light of future new perspectives. The material contained in this guidance publication is provided for general information purposes only and does not constitute care, treatment or other professional advice.*

## **ACKNOWLEDGEMENTS**

These Guidelines have been developed by the National Educational Psychological Service in consultation with advisors from the Department of Education and Skills, the Health Service Executive, the Department of Health and the Department of Children and Youth Affairs.

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We thank the many people who took time to review, give important feedback and valuable suggestions for these Guidelines. Formal feedback was received from young people, parents, school principals Department of Children and Youth Affairs staff, National Educational Psychological Service, Department of Education and Skills Inspectorate, Health Service Executive, Department of Health, Irish Primary Principals Network, Irish National Teachers Organisation, statutory and non - statutory agencies.

Every attempt has been made to ensure that the information in these Guidelines is current and of high quality. The Guidelines are available in electronic format.

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# SECTION 1

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## Mental Health Promotion in Primary Schools



# Mental Health Promotion in Primary Schools

## 1.1 | Why is mental health important?

In the publication *Better Outcomes, Brighter Futures* a clear commitment by the Government of Ireland to improving the well-being of children and young people is set out in five national outcomes including one which states that children *Are active and healthy, with positive physical and mental wellbeing*. (DCYA, 2014). Positive mental health and well-being enables young people to lead fulfilling lives. In Ireland, surveys of young people's well-being show that most of them experience positive mental health (DOH, 2012).

However, the Irish College of Psychiatrists (2005) estimates that 8% of Irish children have a moderate to severe mental health difficulty and that 2% of children at any point in time will require specialist mental health intervention. The National Council for Special Education (NCSE) accept this estimate for the purpose of implementing the Education for Persons with Special Education Needs (EPSEN) Act (Government of Ireland 2004). This translates into an estimated 86,083 of children who may present with special educational needs arising from moderate or severe mental health difficulties (NCSE, 2006). The Royal College of Surgeons in Ireland estimates that by the age of 13 years almost 1 in 3 young people will have experienced some form of mental disorder. Deliberate self-harm and suicide ideation had been experienced by 1 in 15 of 11 – 13 year olds at some time in their lives and longitudinal evidence shows that experience of a mental disorder during adolescence is a risk factor for future mental ill health (Cannon et al. 2013).

Whilst it is recognised that the home and family are the primary source of nurturing and support for children, mental health and well-being is everyone's

concern and involves the whole school community, parents/guardians and relevant stakeholders.

One of the most important settings for the promotion of a young person's mental health and well-being is the school. The Education Act, (Government of Ireland, 1998) states that the school's role is to promote the moral, spiritual, social and personal development of students and provide health education for them, in consultation with their parents, having regard to the characteristic spirit of the school. Mental health promotion at school and effective early intervention will facilitate compliance with the EPSEN Act.

Mental health should permeate all aspects of school life and learning. Effective schools should therefore put systems in place to promote mental health and well-being and thus build resilience in both staff and students to help prepare them to cope with a range of life events. Mental health promotion requires commitment from the school community to implement a whole school approach. In order to implement a continuum of support that addresses the needs of all pupils including those with special educational needs, outside agencies and mental health professionals may also be involved when necessary.

## 1.2 | What is the purpose of the guidelines?

The purpose of the guidelines is to:

- promote mental health awareness
- build on the existing good practice already in place in primary schools
- inform schools about the Health Promoting Schools Framework and Co-ordinators Handbook
- progress mental health promotion using the National Educational Psychological Service (NEPS)



Continuum of Support Framework which involves a graduated school response when mental health issues arise

- help schools develop a coherent whole school approach to mental health that focuses on children, their parents and teachers, which is integrated into core school structures and practices
- raise awareness of school support systems and services available to schools in relation to mental health promotion
- assist schools in effectively addressing issues that arise.

### 1.3 | Who are the guidelines for?

These guidelines are for all members of primary school communities including boards of management and in-school support personnel such as support teams/care teams, home school liaison teachers, learning support teachers etc. The guidelines may be used by parent associations, health professionals and other personnel who are seeking an understanding of how to work with schools in the area of mental health.

These guidelines are not intended to be prescriptive but, present in an integrated way the existing elements of current good practice. Effective and consistent delivery of SPHE as part of a whole school approach to mental health promotion is central to implementation. Many schools currently provide a range of evidence based supports and interventions that address the emotional well-being of young people.

### 1.4 | Who developed the guidelines?

These guidelines were developed by the National Educational Psychological Service (NEPS) in consultation with the Inspectorate and other Department of Education and Skills (DES) Support

Services, the Health Service Executive (HSE) including Health Promotion Officers and clinical services, the Department of Health (DOH) and the Department of Children and Youth Affairs (DCYA). They were informed by *Well-Being in Post Primary Schools; Guidelines for Mental Health Promotion and Suicide Prevention* (DES, HSE, DOH, 2013). This publication was the result of a national consultation process involving key stakeholders from health, education and other relevant sectors and was underpinned by a review of national and international research.


### 1.5 | What is positive mental health and well-being?

Health is defined by the DOH as: everyone achieving his or her potential to enjoy complete physical, mental and social wellbeing (Healthy Ireland, 2013). Positive mental health for children is part of their overall health and is inextricably linked with well-being. It is usually conceptualised as encompassing aspects of **emotional** (affect/feeling), **psychological** (positive functioning), social (relations with others in society), **physical** (physical health) and **spiritual** (sense of meaning and purpose in life) well-being (Barry and Friedli, 2008).

For the purpose of these guidelines and in the context of school systems, well-being may be defined as:

*the presence of a culture, ethos and environment which promotes dynamic, optimal development and flourishing for all in the school community. It encompasses the domains of relationship, meaning, emotion, motivation, purpose, and achievement. It includes quality teaching and learning for the development of all elements related to healthy living whether cultural, academic, social, emotional, physical or technological with particular focus on resilience and coping.*





It is important that the Health and Education sectors have a shared understanding of mental health and mental health promotion that is seen as emanating from well-being and competency rather than from an illness or deficit perspective. Research evidence suggests the need to promote positive mental health *through interventions that promote competency and psychological strengths* (WHO, 2005, p. 43).

There is no single accepted definition of 'mental health' but the following definition proposed by the World Health Organisation (WHO, 2001, p.1) is frequently used in contemporary literature.

Mental Health is:

*A state of well-being in which the individual realises his or own abilities, can cope with the normal stresses of life, can work productively and fruitfully and is able to make a contribution to his or her own community.*

The Mental Health Foundation (2002) suggests that children who are mentally healthy possess the ability to:

- develop psychologically, emotionally, socially, intellectually, spiritually
- initiate, develop and sustain mutually satisfying interpersonal relationships
- use and enjoy solitude
- become aware of others and empathise with them
- play and learn
- develop a sense of right and wrong
- resolve (face) problems and setbacks satisfactorily and learn from them (Alexander, 2002).

## 1.6 | What is mental health promotion?

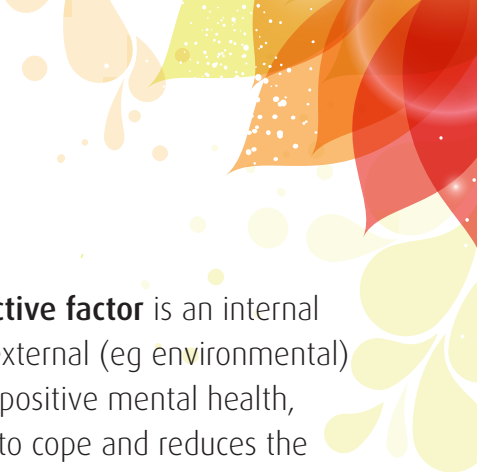
Mental health promotion involves creating and enhancing environments that support the development of mental well-being and healthy lifestyles. *The focus of mental health promotion is on outcomes to strengthen people's sense of control, resilience, and the ability to cope with life's challenges* (DES, HSE, DOH, 2013).

## 1.7 | What is the primary school's role in mental health promotion?

*Mental health promotion in schools is about providing a full continuum of mental health promotion programmes and services in schools. These include enhancing environments, promoting social and emotional learning and life skills, preventing emotional and behavioural problems, identifying and intervening in these problems early, and providing intervention for established problems* (Weist and Murray, 2008).

The role of schools in fostering and promoting a positive sense of health and well-being has long been recognized. *Research shows that mental health promotion is most effective when it takes place early in a person's life* (Oireachtas Library & Research Service, 2012).

National and international research has consistently shown that the classroom teacher is the best placed professional to work sensitively and consistently with pupils to effect educational outcomes (Clarke and Barry, 2010; Payton et al. 2008; WHO, 2012).



*It is vital that those who seek to promote high academic standards and those who seek to promote mental, emotional and social health realise that they are on the same side, and that social and affective education can support academic learning, not simply take time away from it. There is overwhelming evidence that students learn more effectively, including their academic subjects, if they are happy in their work, believe in themselves, their teachers and feel school is supporting them (Weare, 2000).*

Mental health difficulties occur along a continuum from developmentally appropriate, mild and more transient problems, to those of a more persistent and enduring nature which may warrant clinical investigation and support.


### 1.8 | What are the risk and protective factors in mental health?

Children can be exposed to many risk and protective factors which influence their mental health and well-being. While many factors which influence a child’s well-being are located in the home or wider society, schools can be a powerful force in enhancing protective factors and/or minimising risk factors. *The My World Survey* (Dooley and Fitzgerald, 2012) found that **the presence of one supportive adult in a young person’s life is critically important to their well-being, sense of connectedness, self-confidence and ability to cope with difficulties. Over 70% reported that they receive support from one adult in their lives. Teachers are sometimes that “one good adult” acting as a powerful protective force in a child’s life.**

A mental health **protective factor** is an internal (eg temperament) or external (eg environmental) condition that protects positive mental health, enhances the capacity to cope and reduces the likelihood that a mental health problem or disorder will develop (DES, HSE, DOH, 2013). In the school setting mental health protective factors include:

- positive relationships with peers and teachers
- positive mental health of school personnel
- participation in school and community activities
- opportunities for skills development and achievement
- recognition of contribution, effort and achievement
- sense of security
- a positive school climate
- a sense of belonging and connectedness to schools
- effective school policies related to mental health
- protocols and support systems that proactively support children and their families should difficulties arise
- positive classroom management strategies
- sharing acquired knowledge and positive behaviour management practices with parents
- fostering expectations of high achievement and providing opportunities for success
- opportunities for social and emotional learning and the development of problem solving skills
- support and professional development for teachers.

Protective factors build and enhance resilience in children and are a stronger predictor of positive outcomes for children than exposure to risk factors (Cooper, Jacobs, 2011).



A mental health **risk factor** is an internal or external condition that increases the likelihood of a mental health problem. In the school setting mental health risk factors include:

- disengagement, absenteeism, isolation and alienation
- bullying and relationship difficulties
- low academic achievement
- violence/aggression
- learning disabilities
- cultural differences
- low self-esteem
- stressful life events
- difficult school transitions
- poor connection between family and school
- harsh and inconsistent discipline.

Within the school context, positive mental health promotion should focus on enhancing protective factors and minimizing risk factors thereby building children's resilience to cope with the various stressors in their lives. The factors found to be protective of children's mental health are critical for helping to build resilience.

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# SECTION 2

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## Whole School Support for All, Some and a Few



# Whole School Support for All, Some and a Few

## 2.1 | A whole school approach to mental health promotion

The whole-school approach is favoured by many experts (Clarke and Barry, 2010) in the field of mental health promotion as it is sustained over time and involves students, staff and parents. As well as the curriculum and pedagogic practice, a whole school approach involves the school environment and ethos, organisation and management structures, and relationships with parents and the wider community.

A whole school approach to mental health systems is facilitated by schools first reviewing their current mental health promotion practice within the school self-evaluation and improvement planning framework.

*A summary of the elements of a whole schools approach is included in Appendix 1 which provides ten strategic actions for promoting well-being in a school community.*

## 2.2 | Frameworks for mental health promotion

School leaders need to be active in promoting positive mental health and well-being in their school settings. They can be instrumental in raising mental health awareness by creating a culture and climate which is accepting and supportive for staff, parents and students. The School Self-Evaluation Guidelines (DES, 2012) [www.education.ie](http://www.education.ie) and the Health Promoting School (HPS) process (HSE, DES, 2013a) [www.healthpromotion.ie](http://www.healthpromotion.ie) provide useful frameworks for school leaders to promote well-being in their schools.

### 2.2.1 | The School Self-Evaluation process

The School Self-Evaluation (SSE) process provides a framework for school when gathering and analysing evidence, identifying needs and setting targets for achievable outcomes. The SSE process can be used by school leaders in conjunction with the many evaluation instruments available to support the school review process. *The Mental Health Promotion: Self-Evaluation Questionnaires* for staff, parents and children provided in Appendices 2a, 2b and 2c and *The Learning Environment Checklist* (NEPS, 2010) are useful tools for the process of self-reflection in schools.

The development of improvement plans to support the mental health and well-being of young people is one area in which robust evidence-based self-evaluation can greatly assist schools. Any one of the following elements may be selected by a school for improvement planning following specific analysis and review within a self-evaluation framework. The Health Promoting Schools process outlined below provides a comprehensive approach for school self-evaluation in:

- Environment (physical & social)
- Curriculum, Teaching and Learning
- School Policy and Planning
- Partnerships (family and community links) (HSE, DES, 2013b).

### 2.2.2 | The Health Promoting School approach

A school may wish to address mental health and well-being through the Health Promoting School process (WHO, 1998). The HPS process is both complementary to, and supportive of, the school self-evaluation process. The HPS process began in Europe in the 1980's and is a developing concept within education systems. It is promoted by the DOH, Health Promotion and Improvement, Health



and Well Being Division and is underpinned by an evidenced based *Schools for Health in Ireland Framework* (2013). More information on health promoting schools is available on **www.healthpromotion.ie**

*A health promoting schools approach is a way of thinking and working that is adopted by all in the school to make it the best possible place to learn, work and play (Queensland, 2005).*

In a health promoting school, health is defined in its broadest sense and refers to social, emotional, mental, spiritual, cognitive and physical health. Implementation of the HPS strengthens the development of partnership and encourages home school and community links. (DES, HSE and DOH, 2013).

#### **The health promoting school aims to:**

- provide a framework for developing health promoting initiatives in a way that supports and enhances the implementation of the curriculum
- support the planning, implementation and evaluation of health-related activities
- enhance the links between a school and its community.

Figure 1 (see page 16) outlines the four key areas that underpin a health promoting school as follows:

- **Environment**
- **Curriculum, Teaching and Learning**
- **Policy and Planning**
- **Partnership**

#### **Environment**

The atmosphere of the school is created not only in the physical environment but also in the social environment. Each school has a distinctive atmosphere which reflects the extent to which the school takes care of the social, emotional, and physical needs of those who learn, work and visit.

#### **Curriculum, Teaching and Learning**

It is important that school personnel provide an integrated curriculum that recognises the richness and uniqueness of the individual and the importance of the quality of teaching and learning experiences. Social, Personal and Health Education is central to pupil development in its broadest sense and is an essential part of school curricula. Effective implementation of the curriculum recognises that difficulties other than within child factors should always be considered and may arise from a mismatch between teacher instruction and the instructional level at which the pupil is functioning. An instructional level which incorporates a variety of practices and resources will reflect the suitability of the material being taught, the students ability to learn from the material and the skill of the teacher in teaching the material. These variables merge to create an appropriate fit and comfort zone for the child (Rosenfield, 1987; Gravois et al, 2011).

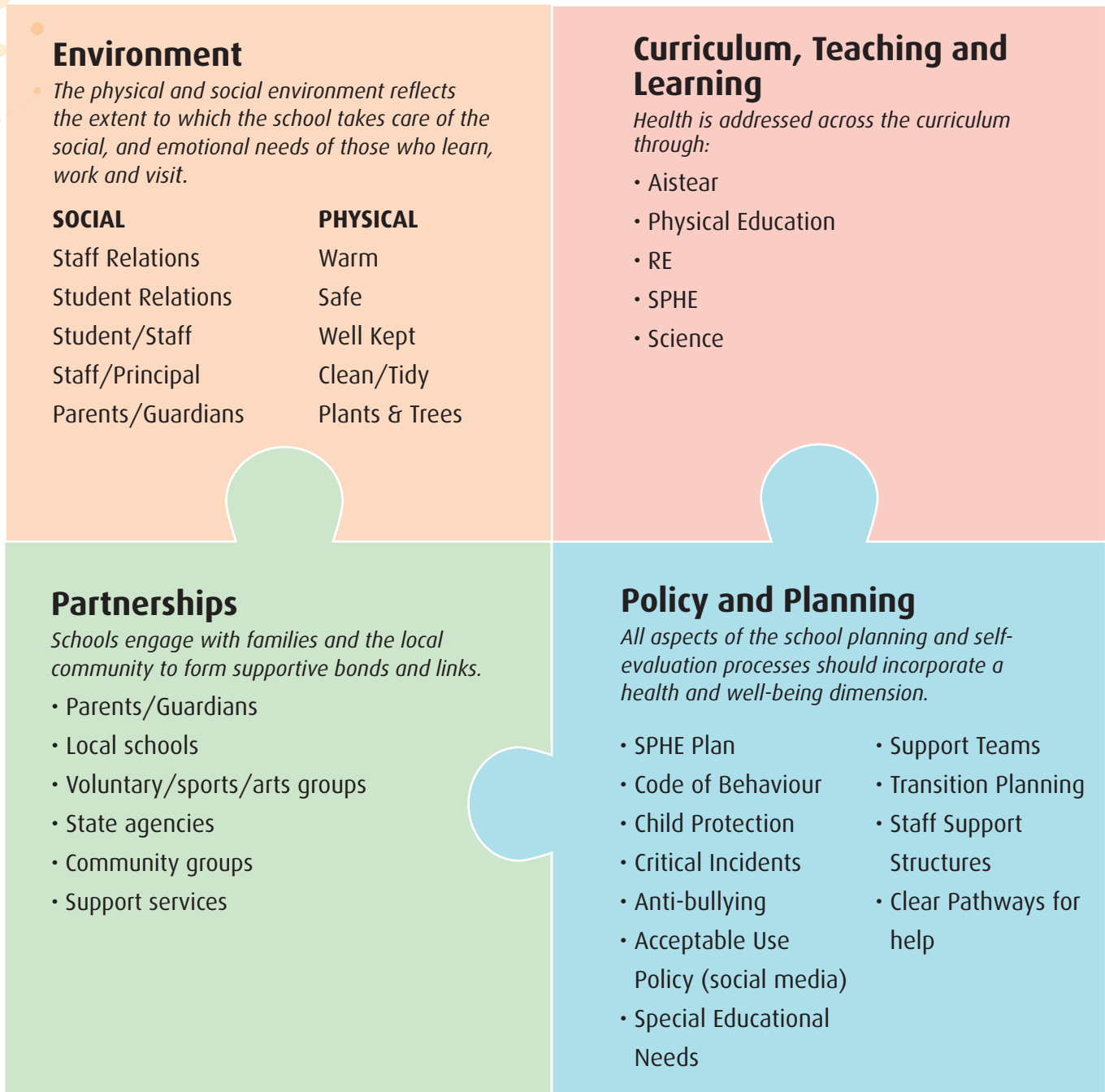


Figure 1: The Health Promoting School: Four Key Areas of Action

### Policy & Planning

School policies and plans should reflect the importance of mental health promotion and well-being of staff members, students and parents. A policy sets out, in writing, the framework within which the whole school manages issues relating to child protection, special education needs,

discipline and anti-bullying etc. Building teacher capacity and efficacy, and a core team with the right training, experience and attitude will support effective policy, planning and development. The involvement of parents, students, school personnel and management is of key importance. Keeping policies alive and ensuring that they are





inter-related, developed collaboratively with key stakeholders and reviewed regularly is an ongoing process. This is a key role for school leadership and will likely be vested in a range of individuals. The following framework may be used in drawing up a draft policy:

- title, rationale and scope of policy
- relationship to school's mission/vision/aims
- goals/objectives
- policy content roles and responsibilities
- success criteria
- monitoring and reviewing procedures within a set time frame.

### Partnership

The nurturing of quality relationships within the school helps to facilitate the well-being of staff members and students as well as a shared responsibility for promoting positive mental health and well-being.

Investing in building ongoing partnerships with parents/guardians is essential as the family is the primary influence on a child's life and children identify their family as a critical part of their support network. Parents/guardians need to know that they are valued. In situations where there are concerns about the mental health and well-being of a child, parents/guardians need to be actively involved from the outset.

Schools must also develop quality relationships with the wider local school community including pre-schools, post-primary schools, key statutory and voluntary agencies. Building positive relationships with schools in the community will facilitate transfer of quality information about children at times of transition. The transfer of information also has particular implications for children with special needs. Continuity in the

provision of support services and the transfer of information is particularly crucial for children with special needs or who require additional support.

## 2.3 | A Continuum of Support

These guidelines on mental health promotion recommend that schools adopt the NEPS three-tiered continuum of support model as a structure for the promotion of well-being and mental health. This continuum is based on the WHO model for school mental health promotion (Wynn, Cahill, Rowling, et al, 2000).

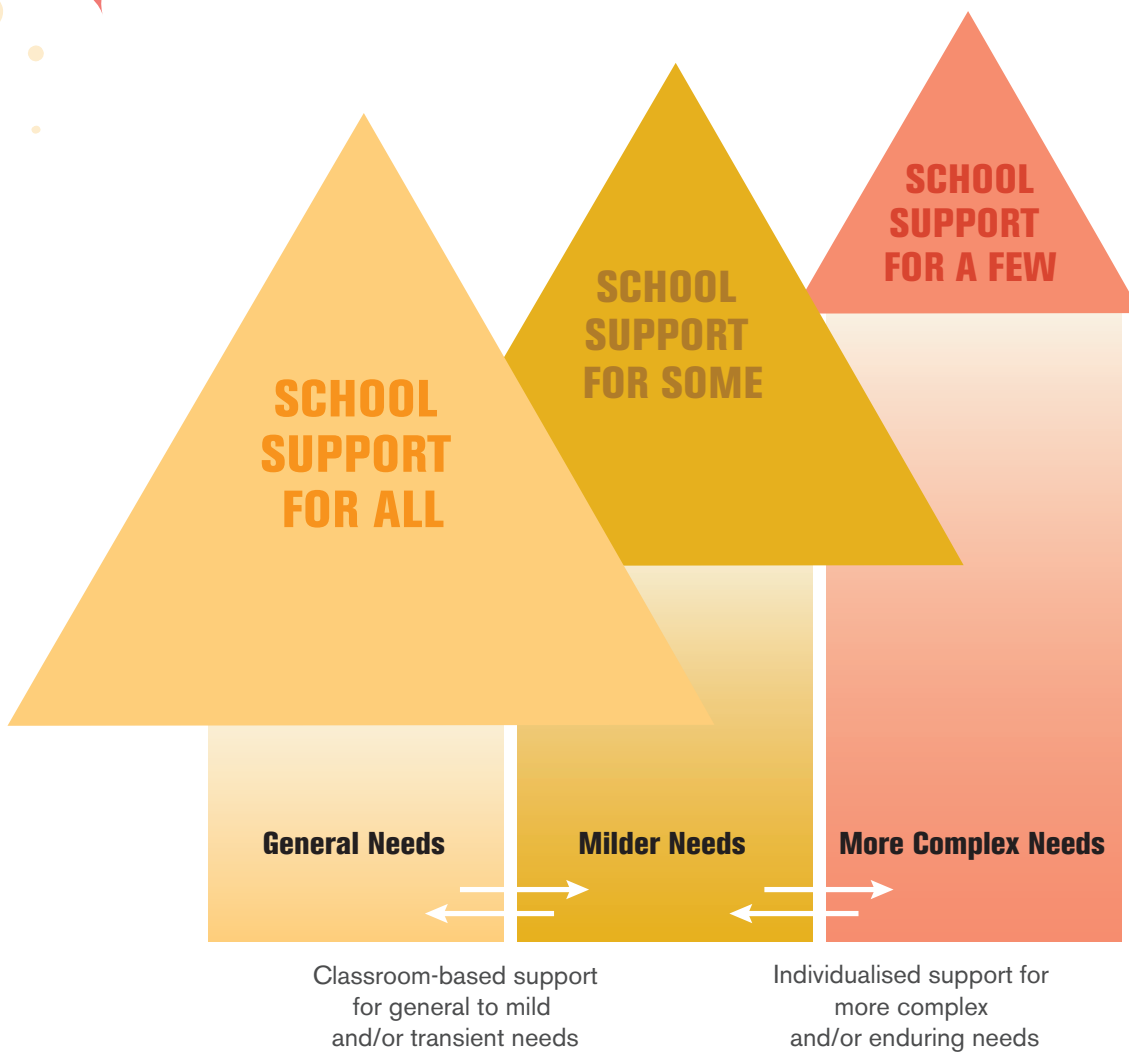
Children may experience difficulties which can be described as being on a continuum ranging from developmentally appropriate and mild to severe levels of difficulty, and from transient, to more complex/or enduring difficulty. Figure 2 (see page 18) outlines a representation of the continuum of support framework encompassed in a whole school approach.

The three levels of the continuum provide a familiar framework for primary schools to review their processes and procedures for supporting the social, emotional, behavioural and learning needs of students. Parents/guardians should be involved from the very outset and at every stage of the process. The continuum can be represented by three levels as follows:

- (i) School Support for **ALL**
- (ii) School Support for **SOME**
- (iii) School Support for a **FEW**

### 2.3.1 | School Support for ALL

School Support for **ALL** is a whole school approach that focuses on promoting positive mental health for all members of the school community. School Support for **ALL** is a process of prevention, effective mainstream teaching, early identification



**Figure 2: Continuum of Support Framework for Mental Health Promotion (adapted from NEPS, 2010a)**

and intervention for children who are showing mild or transient signs of difficulty. School support for **ALL** is embedded within every classroom and part of a whole school approach to mental health promotion. A whole school approach involves:

- raising awareness of mental health promotion and well-being
- regular review and development of policies relating to well-being such as critical incidents, bullying and child protection
- professional development for school staff in mental health promotion
- implementing the SPHE curriculum (NCCA, 1999) which includes a focus on whole school

- approaches to well-being and health promotion
- implementing universal evidence based programmes/interventions
- establishing school structures for supporting staff and students including support teams (care teams)
- establishing mechanisms such as student councils to ensure that the voices of children are heard
- planning, collaboration and appropriate sharing of information between schools when children are making the transition into primary school or moving into post-primary school
- liaising with appropriate external agencies and services eg NEPS psychologists, NCSE



- special education needs organisers, HSE health promotion and improvement division, primary care teams, and Tusla child and family services
- fostering effective partnerships with parents and developing relationships with the wider school community including sporting organisations and youth services
  - supporting staff to help them sustain their own mental health and well-being.

Central to School Support for ALL is effective implementation of an SPHE programme based on the curriculum. Key characteristics of a school's programme include the following. SPHE is:

- a lifelong process
- a shared responsibility between family, school, health professionals and the community
- a generic approach
- based on the needs of the child
- spiral in nature
- developed in a combination of contexts
- engages children in activity based learning (NCCA 1999).

SPHE encompasses the development of emotional literacy which is the ability to understand emotions, listen to others and empathise. This includes provision of safe, secure and comfortable environments that enable children to share their concerns.

Awareness and appropriate use of new technologies and digital/social media is an important area for schools to focus on and guidance is available in *Responding to Critical Incidents Resource Materials for Schools* (2015a). The DES website [www.webwise.ie](http://www.webwise.ie) provides useful information for parents. In addition schools are required to implement an anti-bullying policy that conforms to the *Anti-Bullying Procedures for*

*Primary and Post-Primary Schools* (DES Circular 045/2013). Resource material for teachers in implementing the SPHE curriculum and promoting well-being is available on the Professional Development Service for Teachers (PDST) website.

Schools must also appoint a designated liaison person to ensure the effective implementation of the child protection procedures related to policy and protocols. For further information refer to the *Child Protection Procedures for Primary and Post-Primary Schools* at [www.education.ie](http://www.education.ie)


Another essential and related component of the primary school curriculum is the promotion of physical education which is outlined in the publication, *Get Active: Physical Education, Physical Activity and Sport for Children and Young People: A Guiding Framework*, (DES, 2012).

### 2.3.2 | School Support for SOME

School Support for **SOME** is embedded in a whole school approach and focuses on identifying the small number of young people who are at risk of developing unhealthy patterns of behaviour or those who are already showing early behavioural signs of mental health difficulties. A school support team/care team may be established in schools to support the needs of all children in school but with particular regard to the needs of this small group of children.

School Support for **SOME** involves:

- *identifying concerns and gathering information*
- *planning and implementing interventions*
- *monitoring and reviewing.*



## Identifying concerns & gathering information

Concerns may be raised directly by parents or school personnel or through information gathered from a range of screening instruments such as those documented in the publication *Behavioural, Emotional, and Social Difficulties: A Continuum of Support* (NEPS, 2010).

Gathering information may involve:

- liaising with school management and relevant staff
- consulting with parents/guardians
- talking to the child
- gathering information from health and social care professionals
- gathering information from formal and informal observations, standardised test instruments, screening instruments and checklists.

## Planning and implementing interventions

Developing an appropriate plan of intervention for identified children that dovetails with their particular needs may include:

- development of a classroom support and school support plan in collaboration with the support team/other school personnel and parents
- considerations of what type of intervention is best suited to the child/group
- consideration of how, when, where and by whom the intervention will be delivered
- consideration of how information relating to the intervention will be shared with parents/school personnel
- participation in small group supports to address specific issues eg social skills, bereavement, anger management, behaviour
- use of evidence based interventions
- engagement with relevant support services
- engagement in community activities
- participation in out of school activities for

- children eg drama, sport, chess etc
- informing parents of appropriate support programmes and referral pathways.

## Monitoring and reviewing

The effectiveness of the interventions can best be monitored within a continuous cycle of *plan, implement* and *review*. This involves careful record keeping that includes documenting outcomes arising from interventions. The *Continuum of Support Student File* (NEPS, 2014) is available for use in supporting interventions, monitoring and reviewing these children.

A range of responses that can be implemented at the School Support for **SOME** stage include:

- assisting staff to implement a continuum of support
- identifying children with difficulties in any aspect of their well-being
- facilitating referral pathways within the school and to outside agencies
- providing support and access to learning
- attending to issues of confidentiality.

### 2.3.3 | School Support for a FEW

School Support for a **FEW** builds on a whole school approach and has a particular focus on putting interventions in place for children with more complex and enduring needs. These children, relatively few in number, are likely to require the involvement of external agencies that support and complement the work of the school. Support for children at this level will generally be more intensive and individualised. The staff member coordinating the plan for this child may need the collegial support of other staff members and external agency support. Children requiring intensive support are likely to have already come to the attention of school personnel and have

availed of interventions at the School Support for **SOME** stage. However, school interventions may have been insufficient to meet their complex needs.

School Support for a **FEW** involves:

- *identifying concerns and gathering information*
- *planning and implementing interventions*
- *monitoring and reviewing.*

## 2.4 | Referring children with mental health concerns

In the event of a child presenting with mental health concerns, which are above and beyond the capacity and ability of the school to provide adequate support, the school may decide upon either of the following courses of action:

- Where a school has existing protocols which enables them to access and refer directly to an external service, then the school should follow its own guidelines. It is essential that schools develop relationships with local agencies and have names and contact details readily available for onward referrals
- In the event of a school not having an existing protocol for referral to services, the school with the consent and collaboration of parents/guardians, may recommend a referral to the local general practitioner (GP) or other appropriate professionals who can advise on referral pathways.

For children with mental health difficulties, the referral will likely be made to the local HSE psychology service/primary care team or the child and adolescent mental health services (CAMHS). Schools should contact their local HSE psychology department and CAMHS team to ascertain the


referral process, as this differs from region to region. In some instances it may be necessary to invoke child protection procedures through the designated liaison person if the schools considers that it is an emergency or the child is at risk. NEPS psychologists are available to provide advice and support the schools in the referral process and in liaising with the Health services.

## 2.5 | Supporting children who are at risk

Incidents of self-harm and death by suicide are infrequent in primary schools. However, if there is a concern about a child in relation to suicide/self-harm, the most appropriate response is to ensure that action is taken by the school that will lead to the provision of appropriate support for the young person.

The following approach is recommended:

- parents/guardians should be contacted immediately in all cases
- in the case of a concern about suicidal ideation or self-harm, a referral to the child's GP is recommended
- a trusted staff member should offer support in a sensitive and appropriate manner to allow the child to talk about his or her experience or thoughts (cognisant that it is inappropriate to question a children if there are child protection concerns)
- schools are advised to consult *Responding to Critical Incidents: Resource Materials for Schools* (NEPS, 2015a) which provides advice to guide interventions and necessary actions should concerns arise
- schools may also consult with the NEPS psychologist and relevant HSE personnel if there are general concerns about self-harm or suicide within the school setting.



See Appendix 4 (page 47) for further information on identifying children who may be experiencing difficulty.

## 2.6 | School's response in the aftermath of a critical incident/unexpected death

Some schools may be faced with the reality of dealing with a critical incident and/or tragic death. A critical incident is *any event or sequence of events that overwhelms the normal coping systems within a school* (NEPS, 2015b). In order to respond appropriately, it is vital that schools have a critical incident policy, plan and team in place. This will ensure a structured and orderly approach to dealing with any such incident. Support services may also be accessed from voluntary and statutory agencies. *Responding to Critical Incidents Guidelines for Schools* (NEPS, 2015b) provides a useful framework for preparation in advance of an incident occurring.

## 2.7 | Supporting a child's return to school

Careful consideration needs to be given by school management to planning for re-integration where a child has been absent from school for a period of time because of family trauma or mental health concerns.

There is a need to:

- acknowledge the child's difficulties and provide reassurance that relevant supports will be organised
- take account of the child's ability to participate in general school activities and routines
- agree on an appropriate communication system between parents/guardians supporting teachers and the external agencies if appropriate
- discuss and agree on issues related to confidentiality with parents and staff
- consider carefully the information provided by the professionals involved
- assign a supportive and sensitive staff member who has a positive rapport with the child
- ensure that the assigned staff member has collegial staff support in carrying out this role
- parents/guardians need assurance that they will be contacted should issues of concern arise
- ensure that relevant staff understand that a young person should not be defined by difficulties/diagnosis.

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# SECTION 3

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## Support for Schools





# Support for Schools

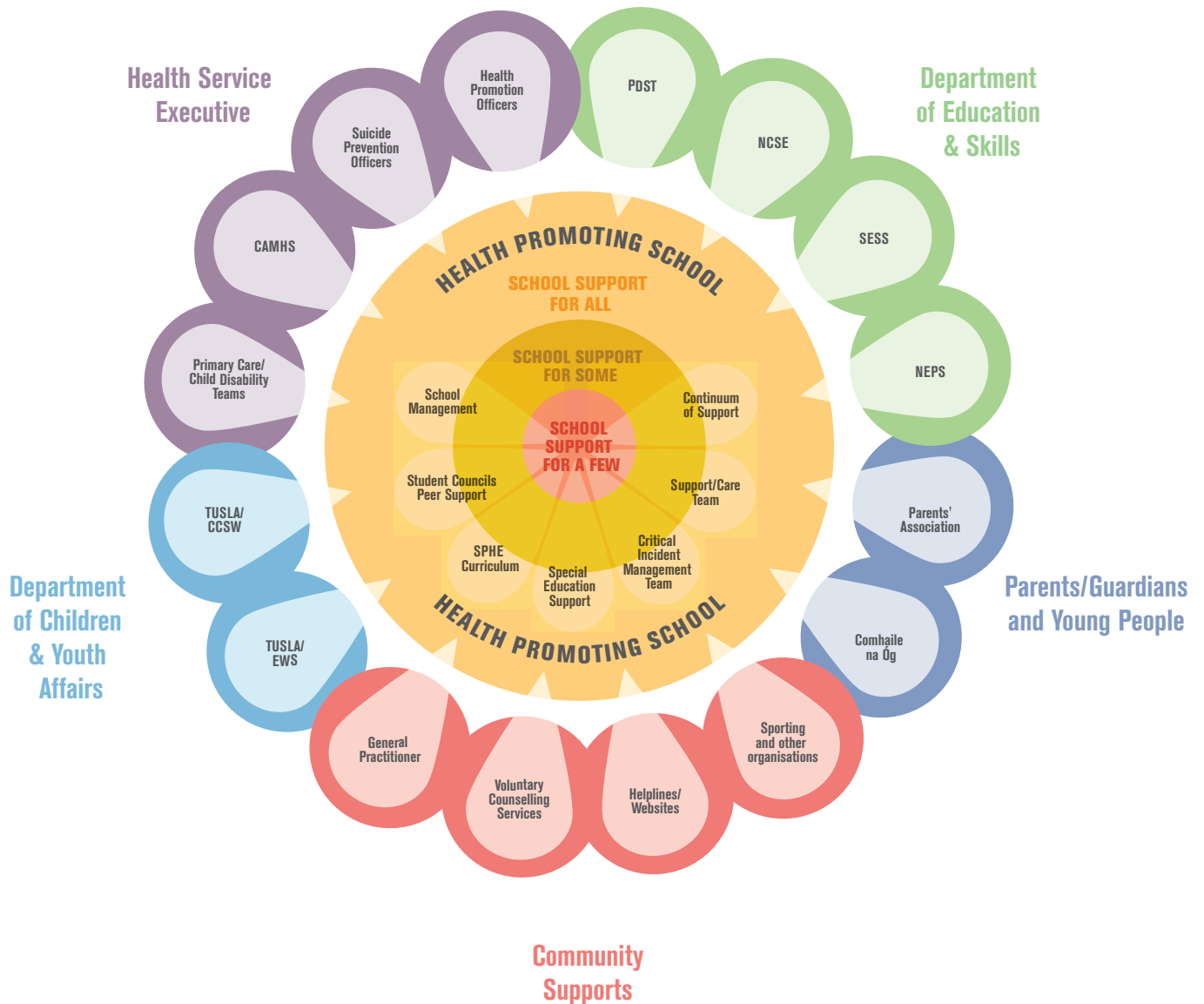


Figure 3: Addressing Mental Health in Primary Schools: Key Structures, Supports and Services.

## KEY

CAMHS	Child and Adolescent Mental Health Services	SESS	Special Education Support Service
NCSE	National Council for Special Education	SPHE	Social Personal and Health Education
NEPS	National Educational Psychological Service	TUSLA	The Child and Family Agency which incorporates the Education Welfare Service (EWS) and Community Care Social Work (CCSW)
PDST	Professional Development Service for Teachers		



### 3.1 | Supports and services for primary schools

Primary schools are advised to develop a strategic approach to mental health promotion, prevention, and early intervention involving the school, parents/guardians, the community and national and local support services. The school's boards of management has responsibility for forging effective systems so that school personnel can access relevant professional development to cater for the needs of both students and staff.

### 3.2 | Professional development and mental health promotion

The process of school self-evaluation provides a framework for identifying needs and will inform decisions as to what professional development is needed to support a whole-school approach to mental health promotion. Schools should access relevant professional development support and be aware of the need to maintain optimum teaching and learning contact time with students.

It is important that school managers prioritise professional development for school staff in mental health promotion for staff and students. Whole-staff professional development for all should include a focus on the following:

- identifying and building upon existing good practice in the consistent whole-school implementation of SPHE
- providing a shared understanding of the mental health and well-being of young people
- developing an understanding of child development
- exploring the factors that impact both positively and negatively on mental health and well-being
- providing opportunities for reflection on the school environment, classroom and whole school practice to establish and maintain healthy

- patterns of relationships
- raising awareness of the importance of consistency between home and school environments in the implementation of strategies and programmes which promote mental health.
- considering the implementation of supportive practices in addressing and resolving conflict and other issues arising between children
- raising awareness of the links between risk taking behaviours, bullying and the development of mental health problems
- exploring strategies to develop children's skills, attitudes and behaviours in dealing with peer pressure, bullying situations or situations involving risk
- equipping teachers to develop their own and children's resilience, self-control and coping skills in a variety of social situations.

### 3.3 | Support for school staff

Schools are encouraged to provide a safe and supportive environment for staff members. It is crucial that staff members are supported in maintaining their personal health and well-being. A school staff would benefit from reflecting together on their own well-being and their general attitudes to mental health. The Professional Development Service for Teachers (PDST) provides professional development support for staff members and is available to provide advice to managers on whole staff support. The Psychological Society of Ireland's 40 (practical) tips for mental health, well-being and prosperity may be useful in helping teachers to enhance and maintain their own mental health ([www.psihq.ie](http://www.psihq.ie)). Individual teachers requiring additional support at a particular time may access the Employee Assistance Service. Further information can be accessed at [www.carecall.ie](http://www.carecall.ie) or **telephone: 1800 411 057**.

### 3.4 | An overview of support services

A range of support services which have a role in mental health promotion and suicide prevention are available to schools. While the services and supports identified are available to most schools, access to services may vary from region to region. Programmes of work will vary and be subject to change. A list of supplementary supports are available in Appendix 6 (see page 50). It is essential that schools identify the range of services available locally and build networks and relevant contacts. The local education centre network is a key source for schools in accessing support.

#### **Support Services: Department of Education and Skills [DES]**

Schools may access information and/or continuing professional development from the following supports:

- Department of Education and Skills  
**www.education.ie**
- Professional Development Service for Teachers (PDST) **www.pdst.ie**
- PDST Technology in Education (PDSTTiE)  
**www.pdst.ie**
- National Educational Psychological Service (NEPS)  
**www.education.ie**
- Special Education Support Service (SESS)  
**www.sess.ie**
- National Council for Curriculum and Assessment (NCCA) **www.ncca.ie**
- The National Council for Special Education (NCSE)  
**www.ncse.ie**
- The National Disability Authority (NDA)  
**www.nda.ie**

#### **Support Services: Department of Children and Youth Affairs (DCYA)**

Schools may access support from the following DCYA services:

- Tusla-Child and Family Agency incorporating the Education Welfare Service (EWS) and School Support Services under the DEIS Initiative (Home School Community Liaison and School Completion and Community Care Social Work (CCSW))  
**www.tusla.ie**
- Children's Services Committees **www.dcyia.ie**

#### **Support Services: Health Service Executive [HSE]**

Schools may access support provided by the HSE from services such as:

- (i) Health Promotion and Improvement Division  
Health and Wellbeing Division
- (ii) HSE Resource Officers for Suicide Prevention
- (iii) Primary Care Psychology Teams
- (iv) Child and Adolescent Mental Health Teams
- (v) Childhood Disability Officers.

### 3.5 | Mental Health Promotion

Schools may access continuing professional development from the National Office for Suicide Prevention (NOSP) at **www.nosp.ie**. In some instances mental health programmes such as the following may be appropriate for some school staff to access:

- **ASIST** - a two day interactive work shop in suicide first aid. It is a training programme suitable for key schools staff developing the skills to prevent the immediate risk of suicide.
- **ASIST Tune UP** - a half day refresher workshop available to anyone who has received training in ASIST.



- **Safe TALK** - a half-day workshop aimed at increasing participant's knowledge and skills around suicide alertness.
- **Understanding Self-Harm** - an evaluated awareness programme that increases participant's knowledge about self-harm.

Should schools need additional information on local health services they may call the HSE infoline-callsave 1850241850 or go to [www.hse.ie](http://www.hse.ie)

If schools invite agencies or individuals to work in their schools in promoting mental health and well-being they should take careful account of *SPHE and RSE: Best Practice Guidelines for Primary Schools* (DES Circular 0023/2010) and *Additional Advice: External Agency Support* which are available in Appendices 3a and 3b.

Information on useful publications and weblinks is available in Appendices 5 and 6 (see pages 48 and 50).

## CONCLUSION

These guidelines set out the important role primary schools play in mental health promotion to enhance children's life chances. Children with good school connectedness are less likely to experience subsequent mental health issues and are more likely to have good educational outcomes. These guidelines promote an integrated and consistent whole school purposeful approach. They provide an opportunity to review and build on the multitude of practices that are already in place in schools to promote well-being.

It is important to recognise that mental health and well-being are not the sole responsibility of schools. Parents and the wider school community have complementary roles each supporting the other. Fostering a sense of community and belonging in an integrated way is essential to best support the needs of children and staff in schools.

It is vital that school management and staff review and build on existing good practice and implement the processes described in these guidelines to support the mental health and well-being of all children.



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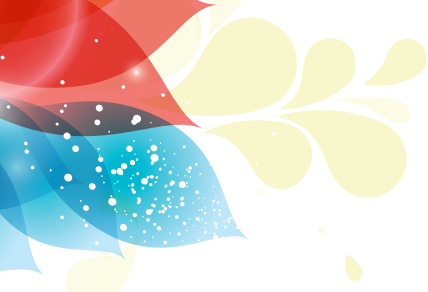
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## GLOSSARY

ASIST	Applied Suicide Intervention Skills Training
CAMHS	Child and Adolescent Mental Health Service
CI	Critical Incident
CCSW	Community Care Social Work
DCYA	Department of Children and Youth Affairs
DES	Department of Education and Skills
DOH	Department of Health
EAS	Employee Assistance Service
ENHPS	European Network of Health Promoting Schools
EPSEN	Education for Persons with Special Educational Needs
GP	General Practitioner
HPS	Health Promoting Schools
HSE	Health Service Executive
HPO	Health Promotion Officer
ICP	Irish College of Psychiatrists
NCCA	National Council for Curriculum and Assessment
NCSE	National Council for Special Education
NEPS	National Educational Psychological Service
EWS	Education Welfare Service
NOSP	National Office for Suicide Prevention
NUI	National University of Ireland
PDST	Professional Development Service for Teachers
RSE	Relationships and Sexuality Education
SEN	Special Educational Needs
SHE	Schools for Health in Europe
SESS	Special Education Support Service
SPHE	Social, Personal and Health Education
SSE	School Self-Evaluation
TUSLA	The Child and Family Support Agency
WHO	World Health Organisation

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# APPENDICES

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## Appendix 1

### Ten actions that schools can undertake to promote well-being of a school community

Within the school context, positive mental health promotion should focus on enhancing protective factors that contribute to the social and emotional growth, and general well-being of young people.

The following key statements are a guide to promoting well-being and mental health in schools:

- 1** Developing and maintaining a safe, caring culture and climate within the school where a sense of belonging and connectedness is fostered.
- 2** Building positive relationships between teachers and children to promote participation, social interaction and pro-social behaviour.
- 3** Adopting a whole-school approach to health promotion, where health is promoted by all and not just by a few members of staff.
- 4** Actively involving children, their parents/guardians and the wider community in developing and implementing school policies to support mental health and health promotion.
- 5** Supporting and implementing a well-planned, consistent and integrated SPHE curriculum to enable children enhance their coping, resilience, communication, conflict resolution, and problem-solving skills.
- 6** Developing whole-school systems and structures to support the early identification of children experiencing social, emotional, behavioural or learning difficulties.
- 7** Actively involving, supporting and encouraging children's participation in extra-curricular activities.
- 8** Fostering a whole-school ethos that accepts and values diversity within the pupil and staff population.
- 9** Providing easy access to information for pupils and staff on supports available to them within the school and wider community.
- 10** Facilitating access to continuing professional development for school staff on the promotion of the mental health and well-being of children.

## Appendix 2a

### Mental health promotion: self-evaluation questionnaire (staff & parents/guardians)

This mental health promotion self-evaluation questionnaire is for use by school management and staff. Section 4.3 may be used with parents/guardians. It will support the implementation of positive health and well-being in schools. The checklist may be used to review and evaluate what is going well and what needs to be improved in the four key areas of the Health Promoting School: the whole-school environment, curriculum and learning, policy and planning, and partnerships.

Each item in the questionnaire allows three basic questions to be addressed during the process of self-evaluation:

- How are we doing?
- How do we know?
- What are we going to do now?

Schools should use all available evidence from a range of people including teachers, students and parents/guardians, to review the extent to which it meets the criteria, as set out in this questionnaire, using the following three levels:

Levels	Self-evaluation Outcome
1	Priority for development (action needed)
2	Room for improvement (some action needed)
3	Working successfully (monitoring only needed)

The first question, *How are we doing?* requires the school to rate itself on a scale 1 to 3 with reference to the practical examples which are detailed under *How do we know?*

The approach to the third question, *What are we going to do now?* follows directly from consideration of questions one and two. Any area deemed to be at Level 1 or 2 would be the subject of attention.



## KEY AREA 1 Environment – (Physical and Social)

**How are we doing? (Apply rating 1-5 taking account of criteria listed in second column)**

	How do we know? Some criteria to look for:	1	2	3	What are we going to do now?
1.1 Quality and Use of Accommodation	<ul style="list-style-type: none"> <li>• The range of accommodation is appropriate to the needs of the school and is maintained in a very good state of decoration and repair.</li> <li>• The quality and condition of furniture and fittings are of a high standard.</li> <li>• Security procedures and provision are effective, and access is suitable to the needs of all users including disabled persons.</li> <li>• Space within available accommodation is allocated effectively.</li> </ul>				
1.2 General Ethos	<ul style="list-style-type: none"> <li>• All staff contribute fully to the promotion of a caring and welcoming environment within the school.</li> <li>• There is high staff morale with good working relationships.</li> <li>• Respectful relationships are fostered between staff, and between staff and students.</li> <li>• Students and staff feel a sense of belonging and self-worth.</li> <li>• The mental health and well-being of students and staff are prioritised and promoted.</li> </ul>				
1.3 Support for Staff	<ul style="list-style-type: none"> <li>• Management assist the staff to work collectively so that trust, respect and confidence are evident throughout the school.</li> <li>• All staff feel that their views are listened to and taken seriously within the school.</li> <li>• Staff feel they receive recognition and support from management.</li> <li>• Staff feel that their efforts and abilities are noted and rewarded and that their work is worthwhile and successful.</li> <li>• All staff members are aware of the Employee Assistance Service and the contact details for the service.</li> </ul>				
1.4 Partnership with Students	<ul style="list-style-type: none"> <li>• Student participation is valued in the school and students are actively encouraged and supported.</li> <li>• Staff listen to and take full account of the views of students.</li> <li>• Students know that their feelings and views are valued.</li> <li>• There are structures in the school which allow students to have a voice (eg. a student council).</li> </ul>				



## KEY AREA 2 Curriculum and Learning

**How are we doing? (Apply rating 1-5 taking account of criteria listed in second column)**

	<b>How do we know? Some criteria to look for:</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>What are we going to do now?</b>
2.1 Curriculum and teaching	<ul style="list-style-type: none"> <li>• Mental and emotional health education are effectively implemented and are a visible part of the SPHE curriculum.</li> <li>• There is a collaborative and whole-school approach to the planning and implementation of SPHE.</li> <li>• Teachers are supported in delivering the SPHE curriculum through access to continuing professional development.</li> <li>• A proactive evidence-based approach is taken to respond to emerging issues impacting on the mental health and well-being of students, eg bullying.</li> <li>• The schools actively differentiates the curriculum as appropriate for students.</li> </ul>				
2.2 In-formation gathering	<ul style="list-style-type: none"> <li>• The school gathers information about incoming students in a systematic manner with particular regard to behavioural, emotional and social needs.</li> <li>• The school routinely gathers information from teachers about a student of concern in a systematic way.</li> <li>• The school routinely gathers information from students about their perceptions of how they are doing at school in a systematic way (eg, by using the 'My Thoughts about School Checklist' from the NEPS Continuum of Support).</li> <li>• The school has a system in place for gathering information on levels of bullying.</li> <li>• All staff involved in information gathering comply with the school's policy on confidentiality. Records about individual pupils are stored securely.</li> </ul>				
2.3 Screening and Assessment	<ul style="list-style-type: none"> <li>• The school takes a systematic approach to screening for social, emotional and behavioural difficulties, for example by using the assessment documents in the NEPS Behavioural, Emotional, Social Difficulties A Continuum of Support p.80-p.108.</li> <li>• The school discusses the outcomes of screening with the NEPS psychologist when appropriate.</li> </ul>				





## KEY AREA 3 Policy and Planning

**How are we doing? (Apply rating 1-5 taking account of criteria listed in second column)**

	How do we know? Some criteria to look for:	1	2	3	What are we going to do now?
3.1 Policies and Plans	<ul style="list-style-type: none"> <li>• The school has whole-school policies in place that relate to student well-being and support.</li> <li>• The policies take account of the school context and needs that have been identified.</li> <li>• The school has an SPHE plan in place.</li> <li>• The school has a policy on ‘visiting speakers’.</li> <li>• The school has a Critical Incident Management Plan (CIMP).</li> <li>• The school has a policy on Child Protection.</li> <li>• The school has a Code of Behaviour.</li> <li>• The school has an Anti-bullying policy.</li> <li>• The school plans for transition ie students entering and transferring.</li> </ul>				
3.2 Devel- opment and dis- semi- nation of plans and policies	<ul style="list-style-type: none"> <li>• Staff views are sought to inform whole school improvement and development.</li> <li>• Staff review is instrumental in leading to whole school improvement and development.</li> <li>• Consultation has taken place with staff, parents/ guardians and Boards of Management about all school policies related to mental health and critical incidents.</li> <li>• All staff are fully knowledgeable about relevant plans and policies such as the Critical Incident Management Plan, the Child Protection policy and the Anti- bullying policy.</li> <li>• Newly-appointed teaching staff are made aware of policies and plans as a matter of priority.</li> <li>• The school policies and plans are kept in a central location and are easily accessible for staff and parents/guardians.</li> </ul>				



## KEY AREA 4 Partnerships (Family and Community Links)

**How are we doing? (Apply rating 1-5 taking account of criteria listed in second column)**

	<b>How do we know? Some criteria to look for:</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>What are we going to do now?</b>
4.1 Internal school supports	<ul style="list-style-type: none"> <li>• There is a Support Team (Care Team) in place.</li> <li>• The Support Team feels supported in its role.</li> <li>• Staff, parents/guardians are familiar with the working of the Support Team.</li> <li>• The Support Team consults with students who are presenting with a concern, and with their parents/guardians.</li> <li>• All school staff are fully aware of the DES, Child Protection Procedures and have received up-to-date training on the Guidelines.</li> <li>• All teaching staff are encouraged and supported to access continuing professional development on mental health and well-being.</li> </ul>				
4.2 External school supports	<ul style="list-style-type: none"> <li>• Good links with external agencies involved in supporting the mental health of students have been developed (NEPS, HSE).</li> <li>• Good links have been developed with local community agencies/services which support children.</li> <li>• Referral procedures to external agencies are clearly established and agreed.</li> <li>• A member of staff has been identified as a link person with responsibility for liaising with external agencies.</li> <li>• Roles, responsibilities and expectations of external agencies are clearly negotiated and defined.</li> </ul>				
4.3 Partnership with Parents/Guardians	<ul style="list-style-type: none"> <li>• The school in partnership with parents takes a systematic approach to screening for social, emotional and behavioural difficulties e.g. using the assessment documents in the NEPS publication, Behavioural, Emotional and Social Difficulties A Continuum of Support p.80-p.108.</li> <li>• The school discusses the outcomes of screening with parents.</li> </ul>				

## Appendix 2B

As part of self-evaluation, the opinions of young people may also be accessed through use of the *My Thoughts About School Checklist* from the *NEPS Continuum of Support* (2010b) or the *Mental Health Promotion Self-Evaluation Questionnaire for Young People*, both of which are included below.

My Thoughts about School Checklist		
NAME	CLASS	DATE
The things I like best at school are:		
The things I don't like about school are:		
The things that I am good at are:		
The things I find hard are:		
I am happy in class when:		
I am happy during break and lunch times when:		
My friends are:		
I need help with:		
Teachers in school can help my by:		
Teachers would describe me as:		
My parents would describe me as:		
Adults I get on best with in school are:		
I get into trouble in school when:		
The things I do that make my teacher feel unhappy are:		
The things my teacher does that make me feel unhappy are:		
I make my teacher happy when:		
The things my teacher does that makes me happy are:		
The class rules are:		
If someone breaks the rules:		
Rewards I like best are:		
The things that I need to change are:		

## Appendix 2C

### Mental Health Promotion: Self-Evaluation Checklist And Questionnaire For Children

AREA OF REVIEW	YES	NO	SOMETIMES
1. I feel that my school is happy and welcoming			
2. This school is clean, tidy and bright			
3. There is enough space in my classroom			
4. My teachers listen to me in school			
5. My school is important to me			
6. We have SPHE classes in our school			
7. I feel safe when I am in school			
8. I am encouraged to join in at school			
9. If I'm worried or upset in school I know who I can talk to			
10. If I feel bullied in school, my teachers have told me what to do			
11. My teachers help me when I need it			
12. My teachers like me			
13. My teachers talk with my parents			

### SPHE AND RSE: BEST PRACTICE GUIDELINES FOR PRIMARY SCHOOLS



Circular 0022/2010

#### To Chairpersons of Boards of Management and Principals of all Primary Schools Social, Personal and Health Education (SPHE) & Relationships and Sexuality Education (RSE) Best Practice Guidelines for Primary Schools

##### Introduction

The Department of Education and Science wishes to advise management authorities of the necessity to adhere to the following best practice guidelines to support the implementation of Social Personal and Health Education (SPHE) at primary level. SPHE is a mandatory curricular subject in all primary schools.

National and international research has consistently shown that the classroom teacher is the best placed professional to work sensitively and consistently with pupils and that s/he can have a powerful impact on influencing pupils' attitudes, values and behaviour in all aspects of health education in the school setting.

##### Responsibility of schools

*The Education Act (1998) states that:*


*A recognised school shall promote the moral, spiritual, social and personal development of students and provide health education for them, in consultation with their parents, having regard to the characteristic spirit of the school.*

School management, principals and teachers have a duty to provide the best quality and most appropriate social, personal and health education for their pupils. They also have a duty to protect pupils in their care at all times from any potentially harmful, inappropriate or misguided resources, interventions or programmes.

##### SPHE: best practice approaches

The following approaches represent best practice in the implementation of SPHE:

- A whole-school approach to the consistent implementation of SPHE is essential.
- The classroom teacher is responsible for the implementation of the SPHE curriculum.
- The teaching of SPHE is founded on an ongoing relationship between pupil and teacher based on trust, understanding, mutual respect and consistency of implementation.
- The SPHE curriculum is developmental and aims to foster the growth of pupils' social and personal skills in a holistic way.
- SPHE must include a substantial skills development element in addition to fostering health promoting values and attitudes using age appropriate information.
- Active learning is the principal teaching and learning approach recommended for the implementation of SPHE.

- 
- Individual themes such as Relationships and Sexuality, Substance Misuse Prevention, Bereavement, Racism and Child Abuse Prevention should not be treated in isolation but rather in the context of the overall SPHE curriculum.

### **Visitors to Primary Schools: guidelines**

If schools wish to enhance or supplement the SPHE curriculum by inviting visitors to the classroom precise criteria must apply:

- External facilitators/tutors who contribute to the SPHE programme must be approved in advance by the principal and board of management (BOM). Visitors must work under the guidance and supervision of the classroom teacher, who must remain in the classroom with the pupils at all times and retain the central role in the delivery of the subject matter in SPHE lessons. Interventions without the direct involvement of the teacher are not appropriate. Visitors must never replace the class teacher. To do so would undermine the integrity of the curriculum, the credibility and professionalism of the teacher and school, and could compromise the safety and welfare of the pupils.
- Outside facilitators who contribute to the SPHE/RSE programme can play a valuable role in supplementing, complementing and supporting a planned, comprehensive and established SPHE programme.
- Any supplementary interventions must be age and stage appropriate, and should include evidence-based content and methodology and clear educational outcomes.
- All materials proposed for use must be approved in advance by the principal and BOM, be age and stage appropriate for pupils and be in line with the ethos of the school, and the principles of the SPHE curriculum. There is a need also to take account of all relevant school policies and procedures, including the school's child protection policy, RSE policy and substance misuse policy. The *SPHE Teacher Guidelines* (page 103) outline sample criteria for choosing appropriate resources.
- Interventions and external inputs should be evaluated by the school principal, teachers, and pupils (as appropriate) in terms of the content, approach, methodology and proposed learning outcomes.
- It is strongly recommended that parents are consulted and made aware of any visitor or agency proposing to engage with pupils in classrooms and schools.
- The school's SPHE coordinator may also help in the process of whole-school planning and coordination to support the effective implementation of SPHE/RSE.

### **Please note**

Research findings indicate that the following teaching approaches have limited effect and are counterproductive to the effective implementation of SPHE. In light of this, schools are advised to avoid the following approaches:

### **Scare tactics**

Information that induces fear, and exaggerates negative consequences, is inappropriate and counterproductive.



### **Sensationalist interventions**

- Interventions that glamorise or portray risky behaviour in an exciting way are inappropriate and can encourage inappropriate risk taking.

### **Testimonials**

Stories focused on previous dangerous lifestyles can encourage the behaviour they were designed to prevent by creating heroes/heroines of individuals who give testimony.

### **Information only interventions**

Programmes which are based on information alone are very limited in the learning outcomes they can achieve and can in fact be counterproductive in influencing values, attitudes and behaviour.

### **Information that is not age appropriate**

Giving information to pupils about behaviours they are unlikely to engage in can be counterproductive in influencing values, attitudes and behaviour.

### **Once off/short term interventions**

Short-term interventions, whether planned or in reaction to a crisis, are ineffective.

### **Normalising young people's risky behaviour**

Giving the impression to young people, directly or indirectly, that all their peers will engage or are engaging in risky behaviours could put pressure on them to do things they would not otherwise do.

### **Didactic approach**

Didactic approaches which are solely directive in nature are ineffective in the successful implementation of SPHE.

### **Further Information**

Teachers who require information, advice, guidance, and support in assisting them to implement any aspect of the SPHE curriculum should contact the relevant support service to meet their professional development needs.

Information, advice, guidance, and support is also available from Local Health Service Executive (HSE) Education Officers (Addiction Services) and Health Promotion personnel.

### **Alan Wall**

Principal Officer  
Teacher Education Section  
*March 2010*



### **Additional Advice: External Agency Support**

In considering external agency input, the health and safety of children is paramount, as inputs or programmes that aim to reduce suicidal behaviour among young people may have both positive outcomes for some and unintended negative consequences for others. Programmes are more effective when operating across different contexts including family, school and community (Browne et al., 2004).

When selecting mental health promotion inputs or intervention programmes provided by an external agency, the terms of Circular 0023/2010 above should be followed.

### **In addition, schools should ensure that:**

- the external agency is requested to provide comprehensive information about its aims, objectives and work
- the implementation of the mental health intervention programme or input will support integrated, whole-school, consistent implementation of the SPHE curriculum
- health promoting behaviours are fostered e.g. increased physical activity among young people and staff
- the skills necessary for healthy living using active learning methods are developed
- efforts are made to reduce the stigma associated with mental health
- the intervention programme and programme outcomes have been independently evaluated and the benefits substantiated by research
- the competencies, knowledge, skills and expertise of the contributing person/s support the needs and policies of the school
- programme content is appropriate for the age, gender and cultural background of young people
- parents/guardians and the support team have access to relevant information about the programme and are informed of its implementation
- the intervention programme does not place an unreasonable onus on young people to take responsibility for the well-being of their peers
- the intervention programme does not directly or indirectly raise awareness about suicide
- agencies and individuals delivering programmes have written child protection policies and Garda clearance, and have received relevant child protection and ASIST training.

*(continued overleaf)*



**If schools choose to use an external agency to provide mental health support for staff, there is a need for schools to:**

- review its existing whole-school mental health promoting practices including its implementation of the SPHE programme
- engage in comprehensive consultation regarding the aims, objectives, content and delivery method of the proposed external intervention programme or input
- ask in advance for an outline of the session(s), material(s) and presentation methods and establish its fit with the school ethos
- carefully consider the preparation for and timing of the input with the target group to ensure maximum benefit for all
- advise about potential issues that might arise e.g. identifying possible vulnerable group member/s
- discuss possible follow-up and how it might be facilitated.

## Appendix 4

### Signs that a child may be experiencing difficulty

Below is a list of factors which indicate that a child is troubled or distressed. The list is not exhaustive, and there may be other signs which those familiar with a young person may notice. There may be an increased likelihood of suicide or suicidal behaviour if a number of these signs are present:

- An unexpected reduction in academic performance.
- A change in mood and marked emotional instability, either more withdrawn, low energy or more boisterous, talkative, outgoing.
- Withdrawal from relationships, separation from friends, or break-up of a relationship.
- Getting into trouble at school, discipline problems, suspension or expulsion, trouble with the law.
- Loss of interest in usual pursuits, study, relationships.
- Ideas and themes of depression, death or suicide.
- Hopelessness and helplessness.
- Giving away prized possessions.
- Stressful life events, including significant grief.
- Bullying or victimisation.
- History of mental illness.
- Alcohol/drug misuse.
- A history of suicidal behaviour or deliberate self-harm.

## Appendix 5

### Useful Publications:

**DES** Circular 0065/2011: Child Protection Procedures for Primary and Post Primary Schools (2011). [www.education.ie](http://www.education.ie)

**DES:** Child Protection Procedures for Primary Schools (2011). [www.education.ie](http://www.education.ie)

**DES:** Anti-bullying Procedures for Primary and Post-Primary Schools (Circular 045/2013). [www.education.ie](http://www.education.ie)

**DES:** Get Active Physical Education, Physical Activity and Sport for Children and Young People: A Guiding Framework (2013). [www.education.ie](http://www.education.ie)

**DCYA:** Children First National Guidelines for the Protection and Welfare of Children (2011). [www.dcy.gov.ie](http://www.dcy.gov.ie)

**HSE&DES:** Schools for Health in Ireland: Coordinators Handbook for Developing a Health Promoting School Primary (2013).

**HSE:** Schools for Health in Ireland; Co-ordinators Handbook for Developing a Health Promoting School (2011).

**NEPS:** Responding to Critical Incidents: Guidelines for Teachers (2015) [www.education.ie](http://www.education.ie)

**NEPS:** Responding to Critical Incidents Resource Pack for Schools (2015). [www.education.ie](http://www.education.ie)

**NEPS:** *Behaviour, Emotional and Social Difficulties: A Continuum of Support Guidelines for Teachers (2010)*. [www.education.ie](http://www.education.ie)

**NEPS:** Resource Bank Advice Sheets [www.education.gov.ie](http://www.education.gov.ie)

**NCSE:** Delivery for Students with Special Education Needs: A better and more equitable way (2014). [www.ncse.ie](http://www.ncse.ie)

**NCSE:** The Education of Students with Challenging Behaviours arising from Severe Emotional Disturbance Behavioural Disorders – NCSE Policy Advice Paper NO. 3 (2012). [www.ncse.ie](http://www.ncse.ie)

**NCSE:** Guidelines in the Individual Education Process (2006). [www.ncse.ie](http://www.ncse.ie)

**NCCA:** Guidelines for Teachers of Students with Mild Learning Disabilities: Primary (2007). [www.ncca.ie](http://www.ncca.ie)



**NCCA:** Guidelines for Teachers of Students with Moderate Learning Disabilities. [www.ncca.ie](http://www.ncca.ie)

**NCCA:** Guidelines for Teachers of Students with Severe and Profound Learning Disabilities. [www.ncca.ie](http://www.ncca.ie)

**NCCA:** Exceptionally Able Students; Draft Guidelines for Teachers (2007). [www.ncca.ie](http://www.ncca.ie)

**NCCA:** Intercultural Education in the Primary School, Guidelines for Schools (2006). [www.ncca.ie](http://www.ncca.ie)

**NCCA:** English as an Additional Language in Irish Primary Schools (2006). [www.ncca.ie](http://www.ncca.ie)

**NCCA:** Guidelines for Teachers with Children with General Learning Disabilities (2007). [www.ncca.ie](http://www.ncca.ie)

**NCCA:** Aistear: The Early Childhood Curriculum Framework (2007/2008). [www.ncca.ie](http://www.ncca.ie)

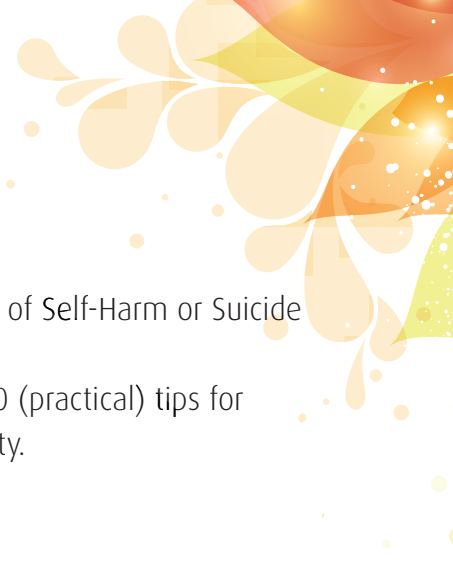
**Oireachtas Library & Research Service:** Houses of the Oireachtas No. 2: Spotlight; Well-Being: Promoting Mental Health in School. (2012)

**SESS:** Behaviour Resource Bank-Advice Sheets. [www.sess.ie](http://www.sess.ie)

## Appendix 6

### Useful Web Links:

- [www.aware.ie](http://www.aware.ie) ..... Aware, Helping to Defeat Depression
- [www.barnardos.ie](http://www.barnardos.ie) ..... Barnardos Children's Charity (Barnardos Ireland)
- [www.cari.ie](http://www.cari.ie) ..... Therapy and support for children who have been sexually abused
- [www.childline.ie](http://www.childline.ie) ..... Childline Online Support
- [www.connectcounselling.ie](http://www.connectcounselling.ie) ..... Connect Counselling
- [www.console.ie](http://www.console.ie) ..... Console, the Bereaved by Suicide Foundation
- [www.grow.ie](http://www.grow.ie) ..... Grow, Mental Health Movement in Ireland
- [www.headsup.ie](http://www.headsup.ie) ..... Heads Up Mental Health Promotion Project
- [www.health.gov.ie](http://www.health.gov.ie) ..... Department of Health
- [www.ias.ie](http://www.ias.ie) ..... Irish Association of Suicidology
- [www.incredibleyears.com](http://www.incredibleyears.com) ..... Incredible Years Programmes
- [www.ispcc.ie](http://www.ispcc.ie) ..... The Irish Society for the Prevention of Cruelty to Children (ISPCC)  
Services for Children and Young People
- [www.mentalhealthireland.ie](http://www.mentalhealthireland.ie) ..... Mental Health Ireland
- [www.mymind.org](http://www.mymind.org) ..... My Mind online mental health support
- [www.nosp.ie](http://www.nosp.ie) ..... National Office for Suicide Prevention
- [www.nsrif.ie](http://www.nsrif.ie) ..... National Suicide Research Foundation
- [www.pdst.ie](http://www.pdst.ie) ..... Resources to support teachers in delivering the SPHE curriculum  
and well-being promotion
- [www.reachout.com](http://www.reachout.com) ..... Initiative of Inspire Ireland Foundation to support young people



- www.pieta.ie** ..... Pieta House - Centre for the Prevention of Self-Harm or Suicide
- www.psihq.ie** ..... The Psychological Society of Ireland's 40 (practical) tips for mental health, well-being and prosperity.
- www.samaritans.org** ..... Samaritans, UK and Ireland
- www.seechange.ie** ..... SeeChange is Ireland's new national partnership to reduce stigma and challenge discrimination associated with mental health problems.
- www.teenline.ie** ..... Teen-line Ireland
- www.travellersuicide.ie** ..... National Traveller Suicide Awareness Project
- www.webwise.ie** ..... Safe use of web based material

These guidelines are available on the Department of Education and Skills website: **www.education.ie**

These Guidelines are available on the Department of Education and Skills website:

[www.education.ie](http://www.education.ie)





