Teachers' Union of Ireland (TUI) response to the invitation of the Joint Oireachtas Committee on Education, Further and Higher Education, Research, Innovation and Science to make a submission as part of the Committee's examination of the topic "*mental health supports in schools and tertiary education*".

(August 2022)

Introduction

The TUI would like to thank the Committee for the opportunity to make this submission on the topic of mental health supports in schools and tertiary education.

The TUI represents teachers, lecturers and staff (21,000+) in Education and Training Boards (ETBs), voluntary secondary schools, Community and Comprehensive (C&C) schools, Youthreach, institutes of technology and technological universities and those working in out of school services.

Background

Ireland has an internationally acknowledged, high-performing education system and a respected teaching profession (Teaching Council, 2010; OECD, 2013; DES, 2018a; OECD, 2015a; NAPD, 2016; Comhairle na nOg, 2017; Growing Up in Ireland, 2017; IPSOS MRBI Trust in the Professions Survey, 2017; Boyle, 2017; Boyle, 2019; Scanlon & McKenna, 2018; EU Commission/EACEA/Eurydice, 2018; Kantar Millward Brown, 2018; EU Commission, 2018; EU Commission, 2019a; EU Commission, 2019b; Social Progress Initiative, 2018; United Nations Development Programme, 2018, Irish Survey of Student Engagement, 2018; HEA, 2019; Coolahan, 2017; Eivers, 2019; CSO, 2019; McKeown et al., 2019; CSO, 2020; OECD, 2020; Eurofound, 2020; McNamara et al., 2020; Clark & Kavanagh, 2021; OECD, 2021a; CSO, 2021; EU Commission/EACEA/Eurydice, 2021; Indecon, 2020; Purdy et al., 2021; CSO, 2022a; DE,

2021b; Smyth et al., 2022; Gabriel et al., 2022; Clark et al., 2022).

That is despite Ireland spending relatively little on education (OECD, 2015b; SJI, 2018, NERI, 2018, OECD, 2019a; UNDP, 2019; OECD, 2021a; Kovacic et al., 2021; CSO, 2022a; Clark et al., 2022) and experiencing historic underinvestment (DES, 2018b). The CSO (2022a) has stated that real expenditure per student in post-primary fell 5.8% between 2008 and 2018, and real expenditure per student in higher education fell 35%. Ireland also has the 8th largest class sizes in upper secondary in all of the EU/EFTA and EU candidate countries. In higher education, Ireland has extraordinarily large class sizes by international comparison i.e 23:1 compared to 15:1 (OECD, 2021a). Despite this, citizen satisfaction with the education system in Ireland is the highest of any of 22 European countries studied by Boyle (2018) whilst parent satisfaction with the Irish education system was the second highest out of fifty-six countries in Clerkin et al. (2020).

It is also worthwhile noting that 2019 data (OECD, 2019b) shows that both citizen satisfaction with the education system, and the economic return to the taxpayer of investment in education, are both extraordinarily high in Ireland compared to international norms (see also Smyth et al., 2022). An Ipsos MRBI survey in 2019 found extraordinarily high levels of public trust in teachers, much higher than for journalists, Gardai, civil servants, politicians, business leaders, social media influencers, bankers or even the "ordinary person in the street" (Irish Times January 31st, 2019). ESRI (2020) found very high levels of trust of young people in the Irish education system.

Ireland has a very young population (Eurostat, 2015; Government of Ireland, 2019; DCYA, 2020). In 2008, we had the second highest proportion of 10–14-year-olds in the European Union (CSO, 2009). The high birth rate in Ireland (CSO, 2017; Eurostat, 2017; Government of Ireland, 2019) and rate of natural increase (CSO, 2022c; CSO, 2022d) indicates that the population of young people is likely to remain high for the foreseeable future. The DE (2021a) has estimated that the student population in post- primary will rise by approximately seven thousand students per year until reaching a peak enrolment of c.408k in 2024/25. Student numbers in higher education are also projected to rise substantially (DES, 2018d).

In this context, it is not sufficient to suggest that a world- class child-centred society can be achieved with inadequate resources of time or personnel. In terms of overall expenditure on education, Ireland and Greece were the only EU member states in 2015 to spend significantly less than the UN SDG 4 minimum of 4% of GDP on education (UNESCO, 2022). The DES (2018c) has itself acknowledged "historic underinvestment".

The growing economy (ESRI, 2021; EU Commission, 2021; OECD, 2021b; IBEC, 2021; Central Bank, 2022; IMF, 2021; CSO, 2022b; ESRI, 2022a; ESRI, 2022b) means that Government is in a good position to make a meaningful contribution to continue supporting students with additional needs or from under-represented target groups and/or migrant and refugee communities.

Mental health issues for students generally

Prevalence of mental health difficulties is a serious issue not just for the education system but for society as a whole. Jerrim (2022: 330) noted the:

"rising prevalence of such problems across Western societies (Twenge et al., 2019). Mental ill-health during childhood can lead to long-term physical and psychological problems in later life (Clayborne et al., 2019), as well as affecting achievement at school and labour market outcomes (Fergusson & Woodward, 2002). This has led to increased awareness of such problems across the education community (Education Policy Institute, 2020). It has even been suggested that there may be a reciprocal relationship between the wellbeing of teachers and young people (Spilt et al., 2011), with the mental health of one group impacting the other (Glazzard & Rose, 2019)."

In relation specifically to Ireland, the National Youth Council of Ireland (website, accessed August 3rd 2022) has stated that

"*Findings from research by the Royal College of Surgeons demonstrated that by the age of 13 years, 1 in 3 young people in Ireland are likely to have experienced some type of mental health difficulty. By the age of 24 years, that rate had increased to over 1 in 2. Of particular concern is the fact that the suicide rate for young people aged 15-19 years is the fourth highest in the EU."*

DES (2020: 3) stated that

"A small number of children and young people occasionally experience mental health difficulties to the extent that they cannot function effectively in their daily lives without accessing the Child and Young Person Mental Health Services (CAMHS). There is evidence that demand for CAMHS is increasing with waiting lists in place for initial and follow-up assessments. The number of referrals for 2018 was 18,546 compared to 12,800 in 2011."

It also found that 19,073 children are attending CAMHS (2019 figures) constituting 1.6% of the population under the age of 18 years and that there were 13,177 new referrals to CAMHS in 2018.

Children's Rights Alliance (2021: 98, 99) has found that

"Approximately one in three young people will have experienced some type of mental disorder by the age of 13, with this rate rising to more than one in two by the age of 24 years. While mental health problems are not selective, certain groups of children are at greater risk of poor mental health, including children who have experienced abuse or neglect, including domestic abuse, children living in poverty, children who have experienced discrimination, including homophobia or transphobia, and children with chronic physical health conditions."

DCEDIY (2022) found that in 2020, there were 12 suicides in Ireland amongst children aged 10-17 whilst in 2019 the rate of children and young people aged 10-24 presenting at a hospital emergency department following self-harm was 392 per 100,000.

PCHEI (2022: 3) has stated that

"Global figures portray a continuing increase in the prevalence of mental health and well-being issues in the student population (HEA, 2020) which is mirrored here in Ireland. The My World Survey of young adults (18-25 year olds) who scored in severe or very severe categories for depression increased from 14% in the 2012 study to 21% in the 2019 study, and the prevalence of those in the same categories for anxiety rose from 15% to 26% (Dooley, O'Connor, Fitzgerald & O'Reilly, 2019). The same study shows that 53% of respondents thought that life was not worth living compared to 43% in the first My World Survey in 2012."

As cited by Cullinan et al. (2019: 3)

"Data provided by the Psychological Counsellors in Higher Education in Ireland indicates that the proportion of students availing of counselling services has increased from 4% in 2008 to 7% in 2016, while expenditure on mental health services per student within Irish HEIs has fallen from €34.63 to €31.75 over the period 2009–2016."

IGC (2022:4) made similar findings to PCHEI/Children's Rights Alliance etc in saying
"The current generation of students have unprecedented high levels of anxiety and mental health issues (AHEAD 2018; OECD, 2017; Mental Health Commission 2018; Unicef 2017). This was already our reality pre pandemic, post pandemic students anxiety levels are through the roof."

In a recent UK study, the Children's Commissioner (2022) found that between one in five and two in five children were not happy with their mental health. The report also found that one in six children had a probable mental health disorder, compared to one in nine in 2017.

Cullinan et al. (2019) has found that need can sometimes be concentrated in certain groups, for example, those from lower socio-economic backgrounds. Other research internationally has made similar findings and indeed has also shown a reluctance amongst people to seek help. For example, as cited by Cullinan et al. (2019: 2)
"McLafferty et al. [21] provided base line estimates and 12-month prevalence rates for a range of mental health issues among higher education students in Northern Ireland. Females, students over 21 years of age, those with a lower income, and non-heterosexual students were found to have the highest rates of mental health problems. Using a mixed-methods approach, Deasy et al. [22] found a high prevalence of significant psychological distress among undergraduate nursing/midwifery and teacher education students. However, despite the distress experienced, students were reluctant to engage with support services, with many actively avoiding seeking help."

Cullinan et al. (2019:10) find that
"students from the lowest social class and students with the greatest difficulty in making ends meet have the highest rates of unmet need overall, but that these disparities disappear once we control for mental ill-health. This implies that socioeconomic disparities in unmet need are

driven by higher rates of mental ill-health among those from lower socioeconomic backgrounds. With increasing numbers of students from lower socioeconomic backgrounds entering higher education in Ireland, the implication is that the overall need for campus mental health services will continue to rise. Indeed, there is evidence that the demand for, and utilisation of, services has increased considerably in recent years."

Education settings can play an important role in supporting students, staff and families in relation to mental health. However, they cannot do it on their own. They need support from those same families and also from the wider community and taxpayer if mental health is to be addressed satisfactory. It is also essential that support services be adequately resourced in order to provide specialist assistance as required. In writing about a specific school initiative Barry et al. (2017: 3) noted that:

"The school is a unique setting within which young people's social and emotional wellbeing can be promoted and critical skills for school, work and life can be taught and learned. A broad range of skills, including cognitive, social and emotional skills, are needed by young people to develop positively and be successful in life."

Discussion of mental health difficulties has sometimes revolved around whether it peaks in certain years in schools or is triggered by particular events such as exams (see for example Wright et al., 2020 or Roome and Soan, 2019). However, Jerrim (2022: 330) found that the *"growth in mental health problems as young people progress through secondary school…seems to be driven by the effects of age, rather than due to movement into more senior school year groups"*.

These mental health difficulties existed long before the Covid-19 pandemic. However, the pandemic has made matters considerably worse, as noted above by the IGC (2022). As noted by the ESRI (2022c: Executive Summary)

"The scale of mental health difficulties among young adults, particularly young women, is of significant concern. Given the unprecedented nature of the pandemic, it is difficult to determine how long-lasting these effects will be. The findings point to two main groups of young adults who are particularly vulnerable: those who experienced depression before the pandemic and continued to do so during the pandemic; and those for whom the disruption

caused by the pandemic resulted in depressive symptoms. It is too early to say how long-lasting these effects will be but there appears to be a considerable risk of a longer-term scarring effect for some groups of young adults."

The impact of Covid has also been highlighted by the PCHEI (2022). It found that 12,852 students attended tertiary education student counselling services in 2019/20. This rose 12% to 14,386 just one year later. The PCHEI (2022: 4) has clearly stated that in tertiary education *"The average ratio of counsellor to students was reduced from 1 counsellor per 3,000 students in 2019, to 1 counsellor per 2,500 students in 2021. The recommended ratio according to international standards is 1 counsellor to 1,000 students (IACS, 2010)."*

The TUI is committed to supporting meaningful measures that support students who experience mental health difficulties and their teachers/lecturers who educate them but who can also experience mental health difficulties of their own."

Despite the above, there is at least some limited grounds for hope as UNICEF (2020), has found that

- Ireland ranks 11th out of 41 countries for child wellbeing.
- Ireland ranks 13th of those 41 countries for quality education.

However, education settings can only address issues which arise in, or directly impact on, school/college life. Schools and colleges cannot be held accountable for matters which arise outside of their jurisdiction. In addressing such issues, schools and colleges need to have access to qualified personnel. It is deeply regrettable that some schools are using 'out of field' staff to deal with serious guidance issues. As noted by the IGC (2020), 22.4% of schools report using unqualified internal staff to deliver guidance counselling. This could be alleviated to some extent by increasing the number of places on the relevant CPD courses provided in the HEIs. The TUI has received reports that some schools have no qualified guidance counsellor at all, sometimes for several years, and that this difficulty is more common in small schools and/or Irish-language schools. The restoration of ex quota guidance allocations would support such small and/or Irish language schools if they had, for example, a minimum

allocation of a half time post or full-time post that might be attractive to possible applicants. Currently some schools can't even guarantee having a half-time post available to qualified guidance counsellors to even apply for.

Primary and post primary school mental health support to include counselling provision

Education settings require support from relevant agencies with expertise in these areas if the school is to adequately support the affected students, both those bullied and those carrying out the bullying. As will be clear from a later section of this submission, those supports to students are frequently lacking. Cuts to pastoral supports in schools, such as guidance and middle management, have also made it difficult for schools to support students in these difficult situations. The loss of pastoral supports such as Assistant Principal positions, is a situation that the DES (2014) itself has described as "unsustainable". Sadly little has changed, in relation to middle management posts, in the last seven years to make the situation any less "unsustainable". Furthermore, the focus of many posts has been on administration and bureaucracy. Numbers of posts of responsibility have also not kept pace with ongoing rises in student numbers (DE, 2021a), and student needs in terms of pastoral care and administration.

This is a particular difficulty in DEIS schools. As stated in DCYA (2020), in 2018 almost 190,000 children were living in income poverty (60% median income) and almost 89,000 children were living in deep poverty. The number of children at risk of poverty or social exclusion in Ireland was a staggering 302,000, which is actually a reduction of 110,000 from the 2010 figures. Educational disadvantage has been a serious problem for some time in Ireland. Existing initiatives have made some in-roads but much more needs to be done. Many studies have mapped the extent of the problem and offered possible solutions. However, it is unlikely that any radical improvement can be expected until there is an increase in educational investment in areas such as pastoral supports, further education, and school level supports. Investment in home school liaison support is also necessary. Due to the high level of childhood deprivation in Ireland, and rising student numbers it is not possible to achieve success in the above "within existing resources".

The lack of integrated inclusive supports on-site in schools such as nurses, speech and language therapists, occupational therapists, physiotherapists etc makes truly inclusive education a dream rather than a reality. There is a pilot programme, the School Inclusion Model, which is being piloted in some schools. The TUI is cautiously optimistic of the prospects of such a programme and looks forward to the forthcoming research report on the pilot scheme. However, the needs of the health system means that many of the occupational therapists and speech and language therapists assigned to the pilot programme in schools were then reassigned to Covid-related work within the HSE. This is understandable given the sudden and dramatic needs that Covid placed on the health system but the TUI fears that the pilot is, and will continue to be, meaningless without on-site support – the type of support the pilot was originally designed to provide. It should perhaps be noted here that as stated by the EU Commission (2020:64)

"All students have access to a school doctor, school nurse, psychologist and school welfare officer at no cost in Sweden."

That is but a dream to Irish schools and colleges.

The depletion of middle management posts in our schools since 2009 has been very corrosive. It has resulted in a reduction of supports to vulnerable students. The axing of large numbers of posts coincided with an increased demand for supports for students. In 2018 the number of posts was partially restored but only to a level of half of that pertaining prior to the cuts. This minimal restoration was described by the DES at the time as partial and a commencement.

Furthermore, to appropriately address issues of mental health all members of the school/college community should be provided with adequate training to allow them to deal with both parties in a compassionate and constructive manner.

Further and higher education mental health support to include counselling provision

Mental health supports are vitally important to students in tertiary education. PCHEI (2022) has found that the main mental health issues for students include anxiety, low mood / depression, and relationships / family. Mental health support services in tertiary education

provide a twelve-month provision. They are especially busy at transition points such as the start of the academic year, and also at exam times. Similarly, in post-primary there is a need for first year students, exam year students and student making the transition to Senior Cycle to be able to access supports for mental health and to promote good attendance. However, Counsellors in the tertiary sector also need to be available to students during holiday times and this is particularly important for post-graduate students who often follow a different college timeline to their under-graduate colleagues. However, it is difficult for students to access community-based supports when they return home as they are routinely expected by the HSE to register for mental health supports at home or at college, but not both. This can be problematic if a student experiences a mental health difficulty at home during a holiday time for example, especially if they are also registered with counselling services in college. The TUI strongly believes that the student should be able to access mental health supports when, and where, needed.

Mental health support services in tertiary education are significantly under-staffed in terms of counsellors, pastoral staff and those with special responsibility for supporting students with SEN. The PCHEI (2022) has recommended that almost thirty more mental health staff are required in third level in order to meet internationally recognised staff/student ratios. This is even before we take account of expected rises in third level student enrolment (DES, 2018d). It also doesn't take account of expected rises in the number of student seeking support from mental health services in terms of the impact of the pandemic on, for example, student social skills.

In addition to their day-to-day work, mental health support staff in colleges are involved in developing resources to support staff and students, to planning for possible critical incidents, in conducting research with the HSE, provided training such as bystander and first-responder training, and in supporting whole-campus approaches. It is vitally important that there be enough staff available to provide the above but also to enable 'walk-in' sessions for students who are suddenly experiencing difficulty and simply can't wait for an appointment to see a trained expert.

It has proven difficult recently to recruit and retain staff in mental health services in tertiary education. This is especially the case for sessional work. It is very important that staff be able to access full-time permanent contracts with standardised terms and conditions and pay scales. Otherwise we will continue to struggle with issues of recruitment and retention. This is also an issue within the wider mental health sector. Whilst issues of pay and conditions within the wider mental health sector is not within the remit of the TUI, we can say that those issues are creating difficulties in the extent of service being given to both post-primary and tertiary education students.

Similarly, in relation to CAMHS, DES (2020: 13) has found:

"difficulties in sourcing required medical staff. In addition, measures to accommodate young people with complex needs, including significant behavioural challenges, can have an impact on overall bed capacity, as other beds in the units may be closed down to ensure the safety of young people and staff."

TASC (2020: 2) has made similar findings

"Medical health supports are also highly understaffed, with the Psychological Society of Ireland in September 2019 reporting a waiting list of 6,300 children for primary-care assessments and a waiting list of 3,345 adults for counselling (McDaid, 2020)."

An additional problem which manifests in mental health support for students over the age of 18 is that when they are referred to the Adult Mental Health Service they may be told that their difficulties, as defined by their general practitioner or college support service, do not reach the threshold of 'major mental illness'. On occasion this has included students referred with a borderline personality disorder or drug/alcohol abuse. This is deeply unsatisfactory. The TUI would like to make clear that it is not criticising the staff in the Adult Mental Health

Service. The difficulty rests in different interpretations of 'major mental illness' and on the already utterly unmanageable caseloads of staff.

The FET sector must not be forgotten in this examination of student mental health supports. The FET sector is almost as large as the HE sector. In 2020 there were 151,630 enrolments in FET (SOLAS, 2021). It provides courses geared for local need in every town and city in the country. Those enrolments are split almost exactly equally between full-time and part-time. As noted by the IGC (2022: 5)

"The FET sector is an important provider of lifelong career guidance. It is essential that guidance and supports are integrated by all FET providers and this is underpinned by a code of practice. This should incorporate guidance provided within individual further education and training bodies as well as access to the proposed new centralised services proposed as part of the Indecon review. Adult Education Guidance Services are currently available in the 16 ETBs and information is provided both to the public and to the adults in FET. Links with DEASP-INTREO and Learner Guidance Services across FET are critical in helping adults progress to employment. The proposed code of practice for integrated guidance services in FET should be aligned with the Guidance for Policies and Systems Development for Lifelong Guidance from the European Lifelong Guidance Policy Network (EGPLN). A key objective should be to provide a consistent level of career guidance regardless of location or type of FET programme. (Indecon Review of Career Guidance – Final Report; p66)."

As a consequence of the above, significant additional staffing is required in the Adult Education Guidance Service. It is also important that the broad role of adult guidance be recognised and that it not be reduced to solely a labour market initiative. It is vitally important that learners in FET also have access to a broad range of guidance/counselling supports as required. It is also important that services such as Youthreach have access to mental health supports. For example, Youthreach centres in some counties have access to an international evidence-based model of support on developing 'thinking skills'. However, the programme is not available in other counties.

Mental health of staff

Mental health of staff can also become an issue for the staff concerned but can also lead to a systematic issue with recruitment and retention. Staff may encounter such difficulties in either their personal or professional lives and it is essential that adequate support be available to them too. Recent technological advances have blurred boundaries in relation to mental health issues for staff such as pressures in them in their personal and professional lives. For example, the issue of staff being bullied by their students is increasingly emerging as an issue of concern (Debarbieux, 2003). The business of teaching and learning cannot effectively take place if the people who are supposed to be leading this process become the victim of those they are meant to lead.

A study in the United Kingdom, by Wray and Kinman (2021), has looked in detail at the issue of mental health for academic and academic-related staff in higher education. They found that:

- 78% of staff believed that the psychological health of staff was not considered to be as important as productivity
- 79% reported needing to work very intensively often or very often
- 29% showed signs of burnout
- 28% reported having to miss important personal activities due to work pressure.

In one particularly telling quote in the report a lecturer gives a clear and shocking indication of the need for supports for both staff and students alike (Wray and Kinman, 2021: 38):
"One (student) emailed me 11 times one day as they had nobody else to talk to".

In terms of the wider issues of mental health for staff in HEIs, Wray and Kinman (2021: 6) state that
"Studies conducted in the UK and other countries have found that Higher Education (HE) employees are at high risk of work-related stress (e.g. Tytherleigh et al. 2005; Biron et al. 2008; Winefield et al. 2008; Reevy and Deason 2014; Mudrak et al. 2018; Pujol-Cols and Lazzaro-Salazar 2018; Kinman & Wray, 2020). This is due to a range of factors related to workload (such as overload, intense working pace, heavy administrative burden, high student expectations and workload models that underestimate the time necessary for fulfilling tasks),

as well as other issues such as role conflict, communication difficulties, lack of input into decision making, performance management, the excessive use of precarious contracts and poorly managed change initiatives (Tytherleigh et al., 2007; Barkhuizen & Rothmann, 2008; Gillespie et al., 2010; Winefield et al., 2010; Coulthard & Keller, 2016; Guthrie et al. 2017; Torp et al., 2016; Morrish, 2019; Fontinha et al. 2019; Makikangas et al. 2019; Kinman & Wray, 2020; Lee et al. 2021)."

Staff are entitled to dignity and safety in their workplace but that sometimes is not what happens. Staff and leaders are sometimes the subject of derogatory, and even defamatory, comment on social media sites. There is a danger that online bullying in this form is particularly harmful given that teachers/lecturers may have to repeatedly endure it. Online bullying is particularly insidious as it is difficult to erase and can spread very easily. Its insidious nature is further compounded by the fact that the perpetrator of the bullying may be nameless and faceless. It is important that staff be protected. The TUI notes that legislation currently working its way through the Oireachtas would create the right to a student and parent charter. The TUI is working with other teacher unions to create a teacher charter which would make clear what rights teachers and teacher leaders have. The TUI would welcome the support of the Committee, in amending the current proposed legislation to include that teacher charter.

Issues in this realm also go far beyond bullying. There are also issues of poverty, especially in the context of the current cost of living crisis, housing, self-harm, identity, eating disorders, racial abuse etc. It is vital that mental health supports be in place to support both students and staff who may be affected by these difficulties.

At the time of writing the Government has just published a new Code of Practice on workplace bullying which, according to RTE (RTE News website February 3rd 2021), "will apply whether employees work at fixed locations, remotely or are mobile". The same news report also noted that *"the document cites bullying behaviours including social exclusion or isolation, verbal abuse or insults, disseminating malicious rumours, gossip or innuendo, intimidation, excessive monitoring at work, blaming someone for things beyond their control, and use of aggressive or obscene language"*

and that “the Code of Practice also addresses the rise in cyber-bullying”. As of time of writing the TUI hasn’t yet had the opportunity to look into this matter in detail but welcomes the general thrust of the plan and would be interested in knowing more about it and whether it applies to education workplaces. The issue of cyberbullying of students is also very important and has been addressed in depth by the TUI in its submission to the Committee on the topic of mental health and bullying in February 2021.

Student engagement and peer support

Some schools and colleges have invested significant time and resources in peer-to-peer support etc but have done so based on volunteerism of staff and students. Equally the HEA and HSE should be acknowledged for support and funding they have given to initiatives in various education settings. PCHEI (2022) has outlined a number of very interesting initiatives in this mould. However, there is simply no substitute for expert staff being available in schools and colleges.

Teacher training and development including relevant staff and tertiary education

Similar to the above it is very important that all staff in schools and colleges have access to training in recognising mental health difficulties and knowing when to refer on to expert mental health support services. It is then essential that the mental health services in the school or college have adequate staffing and further training to be able to deal with the initial difficulties for staff or students. It is vital that a referral, if required, to CAMHS or Adult Mental Health Services receive a timely response, not just a place on a long waiting list. The TUI believes that there may be an almost ‘postcode lottery’ in terms of how quickly a student, once referred to mental health supports by a counsellor, can actually access meaningful support from a mental health professional. The TUI would like to again reiterate here that that is not the fault of the staff and agencies involved. It is simply a by-product of the enormous caseloads those staff and services are already dealing with. It is important that staff, both in the mental health service in the school/college and in classrooms/lecture halls, be given time and resources to upskill whether that is in counselling/psychological/first responder etc.

Lecturers in HEIs also express concerns about the increase in student numbers presenting to them with mental health issues. It is imperative that lecturing staff receive appropriate training on how to identify problems and refer students to counselling services. Lecturer experiences with the counselling services are very positive but the counselling services are overwhelmed, through no fault of the staff involved. It is important that lecturers, no matter how well intended, do not try to deal with student mental health issues themselves. They are a key point of contact for students experiencing difficulties but are not trained or resourced to deal with serious mental health issues.

Prevention and early intervention

The existence of adequate mental health support services that schools and tertiary education could draw upon would be a very cost effective way of reducing the number of serious mental health issues that may emerge later and perhaps even result in costly (both financially and personally) in-patient treatment. Barry et al. (2017: 5) have noted the cost effectiveness of providing mental health supports in education institutions:

"There is emerging evidence on the economic case for investing in school-based SEL programmes. Belfield et al. (2015) report an average return on investment for SEL programmes of $11 for every dollar invested, while McDaid and Park (2011) report a ratio of 25:1 for high quality programmes that impact on young people's mental health and wellbeing. Knapp et al. (2011) also report that school-based interventions are cost-saving for the public sector based on cost-benefits analyses in the UK, with savings accruing in relation to reduced crime and improved education and employment outcomes. Improved outcomes in relation to earning power as an adult have also been reported for children who received social and emotional skills programmes (Heckman, 2006)."

However, the TUI would like to emphasise yet again that the burden of addressing mental health difficulties, whether in staff or students, cannot fall entirely on schools and colleges. Others also play a key and, in many cases, specialised role. Families must play a role as must society in the widest sense. Furthermore, access to dedicated support teams who work directly with staff and students is an 'absolute must'. In addition to dealing with serious incidents, such dedicated support teams could focus on prevention as well as cure. Currently some CAMHS services are having to prioritise behavioural difficulties over mental health

issues. The existence of school/college support teams might alleviate some of this burden. NEPS needs to be involved in schools from the ground up – working with staff but also working with students both individually and in groups. In both schools and tertiary education, pastoral staff such as counsellors and year heads / tutors need to have time to deal with sudden and unexpected student issues as they arise. It would be useful if all staff had the opportunity, if they so wished, to engage in CPD on knowing what warning signs may precede/predict mental health issues in staff or students and then, vitally, knowing when to refer to the relevant supports both in the educational institution and beyond it. It might be useful also for staff and students to be able to download, if they so wished, a phone app which could give them information about possible signs of when they may need to talk to a school/college staff member or even a mental health professional.

Coordination of services and establishment of links between HSE services and the education system

Schools and colleges rely heavily on support agencies, especially when working with students experiencing crisis. Vulnerable students require the presence of ex quota guidance teachers but also other specialist agencies. Guidance staff in schools, and principal teachers, often find it very difficult to access outside support when needed as the agencies themselves are under significant pressure. Restoration of posts of responsibility is necessary to coordinate the provision of support to students, and to engage in preventative work and in family liaison.

Many of these support services are vital if a student who is suffering a mental health difficulty is to be adequately supported. However, through no fault of the staff in the agencies, there are often unacceptably long waiting lists for student services, assessments and supports. Caseloads for agency staff are often unmanageable. For example, in 2015, less than half of the recommended 127 specialist Child and Adolescent Mental Health Services (CAMHS) teams had been established, 472 children in care did not have a social worker, 673 children in care did not have a care plan whilst there are 8,161 child protection cases which had not been allocated a social worker including 2,829 deemed 'high priority' (Children's Rights Alliance, 2015). In March 2018, 2,691 children and young adults were waiting for a CAMHS appointment, including 386 who were waiting more than 12 months and 128 who were waiting more than 18 months (Irish Times September 10th, 2018). In January 2019 the

situation was only very slightly better with 2,523 children on a HSE CAMHS waiting list (PSI, 2019). The Inspector of Mental Health Services has stated that only 49% of HSE mental health rehabilitation teams have been established (RTE, 10th October 2019). Mental health services overall are short 2,422 whole time equivalents (WTEs) on what government policy said in 2006 was needed (12,354 based on the 2016 census) and some areas, including much of Dublin, have "less than half the staff" deemed to be necessary (Irish Times, December 28th 2019). As noted in a study in Dublin by McCarthy Quinn and Comiskey (2019: 69) only a small number of young people suffering severe emotional stress "are in contact with an agency that can assist, there is known to be a hidden cohort of young people who are not visible to the health services". Children's Commissioner (2021: 2) stated that "a staggering 1 in 6 children now have a probable mental health condition."

In November 2018, 37,473 children were "in some health queue waiting for an assessment for mental health, disability or speech and language problems" (Irish Independent Nov 28th, 2018). Schools are trying to support a child in accessing speech and language therapy for example (Irish Examiner, September 22nd, 2014). Children's Rights Alliance (2018) highlights the 314 children who have been waiting over one year for a speech and language therapy assessment. Furthermore, according to the Childcare Law Reporting Project, in relation to applications for secure care – where a child is detained in a special unit providing specialised care and education where they have very high needs - there are 26 secure care beds in the State "and only 14 of them are available mainly due to staffing problems" (Irish Times, January 13th 2020). In February 2020, a review by the Mental Health Commission concluded that there was "an almost total absence" of community mental health services across the State (RTE News February 19th 2020).

The Irish Human Rights and Equality Commission (IHREC) has, on a number of occasions, outlined its concerns about inadequate community adolescent mental health services. Indeed, IHREC (2019: 28) stated clearly that

"*There were 6,811 children awaiting a psychology appointment across all Community Healthcare Organisations at the end of July 2017, of which 2,186 were waiting more than a year. There is no primary care psychology service to refer children to in North Dublin*."

In January 2019, there were 29 vacant posts of child and adolescent psychiatrists across the country (RTE News, February 1st, 2019). Furthermore, in a study of 33 countries, Ireland had the seventh highest ratio of students to school psychologists i.e. 5,298:1 as opposed to 927:1 in Denmark for example (Jimerson et al., 2009). The average in the study was 3,709:1. For Ireland to reach reasonable rate of 2500 students per psychologist, taking into account demographic group, would require the employment of 267 more psychologists by 2021 (Impact, 2015). Understaffing in National Educational Psychological Service (NEPS) has also been a concern in an Oireachtas Committee report (2018).

The latest figures available to the TUI indicate that things have not gotten much better in the thirteen years since. Estimates provided to the TUI by Dublin Dun Laoghaire ETB (2022) extrapolate by Oireachtas figures that NEPS may currently have a student to staff ratio of 4142:1. That is drawn from there being 224.5 WTE staff in NEPS and approximately 940,000 students in the system. It should be noted that some ETBs have established their own psychological support services and this is to be welcomed. In the case of DDLETB, It currently has a student: staff ratio of 10,125:1. It believes that it should have dedicated psychologists posts just to support the 29 special classes within its remit, not to mention the c.20,000 students in its mainstream classes and schools.

It should be noted that the original planning group for the establishment of NEPS sought a student: staff ratio of 3500:1 (DDLETB, 2022). If that were to be achieved NEPS should, based on the 946,000 students in the primary and post-primary system (DE, 2022), currently have 270 WTEs. It actually has almost fifty less staff than that and that doesn't even take account of learner numbers in Youthreach for example.

In 2017, there were 2,767 children waiting for a first appointment with CAMHS whilst Ireland has the fourth highest incidence of teenage suicide in the European Union (Children's Rights Alliance, 2018). OCO (2018:4) made clear that it is "concerned with staffing problems in the

Child and Adolescent Mental Health Services which means that children experiencing escalating levels of stress and anxiety are often unable to access the emergency supports they need." Two years later OCO (2020: 21) found that "waiting lists for Child and Adolescent Mental Health Services (CAMHS) remain high, with 2,300 children waiting for an appointment at end of December 2019."

As stated in Downes (2020)

"In France, all pupils have access to the Psychologist of Education for psychological support and career guidance. Emotional counselling is also available in Sweden, where all students have access to a school doctor, school nurse, psychologist and school welfare officer at no cost and in Slovenia."

The Committee will be aware that such a level of provision is still a far-away dream for Irish educators. We need to have genuine ambition for the provision of supports to students in the Irish education system. 'Within existing resources' will simply not suffice.

This is all within the context that during 2014, the then Tusla Chief Executive publicly stated that the Agency required additional funding of €45 million "just to stand still" (Irish Times, December 30th, 2014). Indeed, Tusla (2018) stated that "while additional funding has been agreed for 2018, significant additional funding will be required for 2019 and 2020". Budget 2019 did give Tusla an increase in its budget of €30m to €786m (Irish Examiner October 9th 2018) but gaps remain. As recently as March 2018, Tusla was short almost three hundred social workers (TheJournal.ie March 28th, 2018) and more than 4,000 children who were referred to protection and welfare services were waiting to be allocated a social worker (Irish Independent March 29th, 2018). In 2018 Tusla recruited 150 social workers, but in the same time frame lost 150 social workers through resignation or retirement (Oireachtas, 2019). This was slightly improved in 2020 by way of converting agency staff to Tusla employees.

ESRI (2022c: Executive Summary) has also highlighted the difficulties for young people of all ages trying to access community mental health supports:

"Research has already pointed to the level of unmet need for community mental health services in the population as a whole (Brick et al., 2020). At the age of 20 (in 2018/19), 16 per cent of this cohort who had high depression levels did not consult with a general practitioner, psychologist/counsellor or psychiatrist in the previous year (O'Mahony et al., 2021). During the pandemic, 22 per cent of those classified in the depressed group reported that they did not have 'access to necessary support for emotional or mental health problems'. While policy (see Government of Ireland, 2020) has rightly moved towards emphasising a continuum of support, the scale of difficulties among young adults will place considerable demands on community mental health services."

The IHCA (2020) has stated that

"The HSE does not collect waiting list figures for Adult Mental Health Services. However, nationally the HSE was 7.7% off its target for the number of new adult cases seen in September 2019 and 3% below its target to see 75% of accepted referrals/re-referrals within 3 months."

It also stated that

"HSE data confirms that the number of patients waiting to be seen by a Consultant Child & Adolescent Psychiatrist nationally was 1,876 in September 2019, with 36% (668) waiting longer than 6 months and 11% (204) waiting longer than 1 year."

As a result of these waiting lists, mental health support services in education settings are struggling to find referral pathways for students who may require them.

Concerns about mental health, and the adequacy or otherwise of support services have also been expressed in Reilly (2015), Mental Health Reform (2018), Mental Health Commission (2018) and RCSI (2013). The Programme for Government 2016-2018 promised 238 psychologists in NEPS by 2018. In October 2018 there were only 172 wholetime equivalents in post (DES, 2018c). The Committee will note from earlier in this submission that Impact (2015) made clear six years ago that 267 "more" psychologists were needed, not 172 in total. A parliamentary answer (30812/20) on October 15th 2020 set out that the total allocation to NEPS staffing by the end of 2021 would be 251 WTEs. As noted earlier, student numbers in 2022 are considerably higher now than in 2015 and are projected to continue to rise in post-primary and tertiary education as well as FET (SOLAS, 2021; DE, 2021a; DES, 2018d).

RTE News (September 23rd, 2018) reported that less than 10% of the number of staff required for CAMHS intellectual disabilities were in place. In October 2018, 36,531 people were waiting for speech and language therapy (SLT) with a further 32,103 waiting for occupational therapy (OT). One-quarter of those waiting for an OT assessment had been waiting more than a year (Sunday Independent, December 16th, 2018). According to the Mental Health Commission (2020: 17), there are only "98 CAMHS beds nationally: 62 in Dublin, 20 in Galway and 16 in Cork." The DES (2020:3) itself has stated that "the number of referrals (to CAMHS) for 2018 was 18,546 compared to 12,800 in 2011". TASC (2020: 2) has stated that

"Medical health supports are also highly understaffed, with the Psychological Society of Ireland in September 2019 reporting a waiting list of 6,300 children for primary-care assessments and a waiting list of 3,345 adults for counselling (McDaid, 2020)."

As noted by Children's Rights Alliance (2022:59)

"According to data from the HSE, in February 2022 there were almost 25,000 children on the waiting lists waiting for speech and language therapy, almost half of these children were waiting for an initial assessment. There was over 7,000 children waiting on psychological therapy, and 11,510 waiting on occupational therapy. Of those children waiting for a psychology service, there are 4,166 waiting greater than six months of which 2,421 were waiting greater than 12 months. Over 4,500 children were waiting over a year for occupational therapy. With a gap of 732 posts out of 2,000 roles in disability teams, it is difficult to see how waiting lists will be reduced in the short-term to medium term as the shortage of professionals equates to a loss of 480,000 intervention hours for children on waiting lists."

Children's Rights Alliance (2022:60) has also noted that

"In April 2022 there 4,003 children and young people on the waiting list for CAMHS compared to 2,919 in April 2021."

Impact of Covid-19

It would be remiss of us not to mention the impact of the Covid-19 pandemic on mental health for both staff and students in the education system. Despite the fact that the pandemic started over two years ago, it is unlikely that we have yet experienced the full impact of the pandemic on mental health. However, we can perhaps draw some preliminary conclusions. Both Collie (2021) and Burke and Arslie (2020) have reported on the increased levels of occupational stress experienced during this period. Evans et al. (2020) have reported on the impact of the shutdowns and shortages on families. Waters et al. (2021: 2) have reported eloquently on the many ways families have been affected:

"including higher levels of divorce (Global Times, 2020), more intimate partner violence (Hamadani et al., 2020), increased conflict and negative family expectations (Günther-Bel et al., 2020), parental pressure (S. M. Brown et al., in press), as well as undesirable changes in family routines (e.g., dietary habits, physical activity, screen time, sleeping patterns; Allabadi et al., 2020). The negative experiences stemming from COVID-19 are markedly worse for disadvantaged families who are living in smaller, poorer-quality dwellings, have less access to vital services and resources, and are more likely to have to work in-person and, thus, have an increased risk of virus contraction (Owusu & Frimpong-Manso, 2020; Wilke et al., 2020)."

Waters et al. (2021) have gone on to describe the enormous impact on mental health that the pandemic has had on educational institutions and their students:

"Schools have also suffered via widespread shutdowns, with up to 91% of the students across globe experiencing remote learning on account of country-wide school closures in 2020 (UNESCO, 2021). Research shows that for many students, the move to remote learning has increased student loneliness (Loades et al., 2020), decreased student wellbeing (Nanigopal et al., 2020), and has harmed learning effectiveness (Owusu-Fordjour et al., 2020; Di Pietro et al., 2020). The negative effect of school closures is amplified for students who were already experiencing intersecting vulnerabilities (e.g., war, displacement, poverty, and weak healthcare and education systems; Banati et al., 2020). Those who live in marginalized communities or are economically disadvantaged are also at greater risk for negative outcomes due to the 'digital divide' (Eyles et al., 2020) and other factors, such as having no dedicated study space at home or having parents who are more likely to need to travel to work and are more at risk of contracting the virus (Andrews et al., 2020).

At the same time that students are struggling, the rapid move to remote learning has increased the workload and stress of teachers, school staff, and leaders/ administrators (Alves et al., in press; Suryaman et al., 2020) and has put pressure on parents trying to help their children with learning while also working from home (Ahrendt et al., 2020; Fontanesi et al., 2020).”

To compound matters further, research has shown that the burden of difficulties arising from Covid-19 has fallen disproportionately on SEN and disadvantaged student communities (Holt-White et al., 2022; Darmody et al., 2020; SJI, 2021; EEF, 2022). It must also be borne in mind that mental health difficulties were, even before Covid, more likely to occur in students from disadvantaged communities (Kim and Hagquist, 2018; Danielson et al., 2020), and in students with SEN (Mental Health Foundation, 2016; Cree et al., 2020) than in their peers who do not have SEN and don’t come from disadvantaged communities.

Recommendations

The TUI would like to make the following recommendations to the Committee:

- Mental health in education settings should be taken seriously and appropriate investment made in it for both students and staff. The extent to which we see this as a priority must be reflected in actual investment in it. Approximately €35 million annually could make a very large difference. This would be split between tertiary supports (€7.5m including existing Covid supports), post-primary and FET supports (€7.5m) and restoration of posts of responsibility (€20m approximately).
- It is essential that vital support structures within schools be restored. This includes, but is not limited to, guidance support and middle management posts.
- Significant investment is needed in out of school supports such as CAMHS.
- Whilst recent changes in guidance provision (Circular 12/2017) and middle management posts (Circular 3/2018) are a small step in supporting students in difficulty, a much larger move in terms of full restoration of both is needed. There should be at least one full-time ex quota guidance teacher in every post-primary school with additional allocation for schools with larger student numbers. Full

restoration of allocations of posts of responsibility to pre-recession levels should also be achieved urgently.

- Funding, including temporary Covid-related funding, of mental health supports in tertiary education should be mainstreamed and increased to account for rising student numbers.
- Staffing in NEPS should be expanded to allow for greater one-to-one support for students from NEPS psychologists.
- The number of counsellors/psychologists in tertiary education support services should be increased to the international recommendation of one per 1000 students.
- Training should be provided to teachers and lecturers in how best to refer on students and how to interface with the appropriate services.
- There should be sufficient staffing in all necessary mental health support services in education to allow time to meet all student needs.
- There also should be sufficient staffing to allow mental health staff, in conjunction with school and college staff, to plan for critical incidents in case they may occur.
- Contracts, especially in FET and higher education settings, should be sufficiently attractive to ameliorate the current difficulties in both recruitment and retention of highly trained staff.
- The HSE should allow students to access community mental health services in their community during holiday periods and to access education setting mental health support during term time, and vice versa.
- Staff be able to access full-time permanent contracts with standardised terms and conditions and pay scales.
- The Committee may wish to consider which definition of 'major mental illness' is appropriate.
- The postcode lottery of access to community mental health services should end.
- Significant additional staffing should be provided to the Adult Education Guidance Service. It is also important that the broad role of adult guidance be recognised and that it not be reduced to solely a labour market initiative.
- Learners in FET should have access to a broad range of guidance/counselling supports as required. For example, services such as Youthreach should have access to mental

health supports and also international evidence-based models of support on developing 'thinking skills'.

- All education staff should have access to mental health support programmes for themselves and also for the support of their students. Some such programmes are cost neutral.
- There should be access to dedicated support teams who work directly with staff and students could focus on prevention over cure.
- NEPS must be involved in schools from the ground up – working with staff but also working with students both individually and in groups.
- In both schools and tertiary education, pastoral staff such as counsellors and year heads / tutors should have time to deal with unexpected student issues as they arise.
- It would be useful if all staff had the opportunity, if they so wished, to engage in CPD on knowing what warning signs may precede/predict mental health issue in staff or students and then, vitally, knowing when to refer to the relevant supports both in the educational institution and beyond it.
- Consideration should be given to the possibility of staff and students being able to download, if they so wished, a phone app which could give them information about possible signs of when they may need to talk to a school/college staff member or even a mental health professional.
- Consideration must be taken of the impact of the Covid pandemic on educational institutions, their staff, their students and their family groups.
- The number of places on guidance counsellor CPD courses in the HEIs should rise.
- All schools should have a minimum allocation guidance hours given to them so that small and/or Irish language schools can at least have a half-time or full-time guidance post to fill.

Ends

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Glossary

CAMHS	Child and Adolescent Mental Health Service
C&C	Community and Comprehensive
CSO	Central Statistics Office
DCEDIY	Department of Children, Equality, Disability, Integration and Youth
DCYA	Department of Children and Youth Affairs (Now DCEDIYA)
DDLETB	Dublin DunLaoghaire ETB
DE	Department of Education
DES	Department of Education and Skills (Now DE)
EEF	Education Endowment Foundation
ESRI	Economic and Social Research Institute
ETB	Education and Training Board
EFTA	European Free Trade Area
EU	European Union
FET	Further Education and Training
HEA	Higher Education Authority
HEI	Higher Education Institution
HSE	Health Service Executive
IACS	International Association of Counselling Services
IBEC	Irish Business and Employers Federation
IGC	Institute of Guidance Counsellors
IHCA	Irish Hospital Consultants Association
IHREC	Irish Human Rights and Equality Commission

IMF	International Monetary Fund
NAPD	National Association of Principals and Deputy Principals
NEPS	National Educational Psychological Service
NERI	Nevin Economic Research Institute
OCO	Ombudsman for Children's Office
OECD	Organisation for Economic Co-operation and Development
OT	Occupational Therapy
PCHEI	Psychological Counsellors in Higher Education
PSI	Psychological Society of Ireland
RCSI	Royal College of Surgeons in Ireland
RTE	Raidio Teilifis Eireann
SDG	Sustainable Development Goal
SEL	Social and Emotional Learning
SJI	Social Justice Ireland
SLT	Speech and Language Therapy
TASC	Think-tank for Action on Social Change
TUI	Teachers' Union of Ireland
UK	United Kingdom
UNDP	United Nations Development Programme
WTE	Whole Time Equivalent

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