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Youth Assembly Health Committee

“Mental Health in Schools”

June 2025

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# Members of the Youth Assembly Health Committee 2023-2025

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# Executive Summary

The Youth Assembly launched its ‘Big Youth Survey’ in January 2024. The survey was sent out to young people aged 11-21 years old in schools and youth organisations across Northern Ireland. The Youth Assembly debated the top ten topics from the survey during their second plenary in February 2024, and chose their committees based on a vote. This resulted in the formation of the Youth Assembly Education, Health, and Rights and Equality Committees.

After their plenary, the Committees met with Participation Officers from the Northern Ireland Commissioner for Children and Young People (NICCY) and held a planning day where they participated in capacity building workshops and activities. They decided on their chosen topic ‘Mental Health.’ In the months that followed, they examined research reports, frameworks and studies to help inform their understanding.

In August 2024, they held a Youth Assembly Committee Stakeholder Day during which they heard evidence from experts such as the Mental Health Champion for Northern Ireland, officials from the Department of Health and the Department of Education, and a NI Assembly Research Officer.

Later in the year, they decided to take further evidence from the Education and Training Inspectorate and the Minister for Health.

In March 2025, the committee hosted a youth mental health stakeholder day in Parliament Buildings, to explore young people’s lived experiences of mental health stigma, mental health provision in schools, and the idea of a ‘mentally healthy’ school.

The Committee have developed the following recommendations:

1. Develop programmes in school to help with stigma around mental health.
2. Provide designated spaces in schools to create a more open environment to normalise talking about mental health.
3. Prioritise better counselling services in school with shorter waiting lists and make self-referral available in all schools.
4. Provide better training for Learning for Life and Work teachers, and teachers in pastoral/wellbeing teams to support mental well-being.
5. Make mental health a statutory topic in all schools.
6. Provide more whole-school activities for mental health which involve the local community.
7. Create pupil peer support groups in all schools.
8. Ensure effective collaboration between the Department of Health and Department of Education to provide mental health services for young people in schools.
9. Facilitate ongoing youth voice within schools and government on this issue.

# Youth Assembly Background

The Youth Assembly was established in June 2021. The current 90 Youth Assembly Members took their seats in October 2023. At the time of recruitment, they were in school years 9-12 which is approximately age 12-16. They are a diverse group. Membership includes young people from every constituency and recruitment was designed to ensure proportionate representation of Section 75 categories including gender, religious background, race, sexuality, disability, and young people with caring responsibilities. In addition, there is proportionate representation of young people with care experience and those in receipt of Free School Meals.

The Youth Assembly was established to perform three functions:

* To engage with the work of the Northern Ireland Assembly, specifically with Assembly Committees on legislation and inquiries relevant to young people.
* To undertake project work generated by the three Youth Assembly committees; and
* To enable consultation with government Departments and to participate in youth voice projects.

The Youth Assembly Members established three committees for their focus in this mandate. These are Education, Health, and Rights and Equality.

# Youth Assembly Health Committee

## Formation of the Committee

The Youth Assembly’s Health Committee was formed in March 2024. There are also two other committees in the Youth Assembly – the Education Committee and the Rights and Equality Committee.

The Committees were formed following the [Youth Assembly’s Big Youth Survey](https://niyouthassembly.org/big-youth-survey-summary-report/) which asked young people aged 11-21 years old, about the issues which matter the most to them and what would they like the Youth Assembly to focus on during their mandate. The Big Youth Survey went live in January 2024 and overall, it received nearly 1800 responses from young people all across Northern Ireland. The Youth Assembly debated the top ten issues from the survey:

1. Health
2. Education
3. Jobs
4. Rights & Equality
5. Environment
6. Sport & Leisure
7. Housing and homelessness
8. Poverty
9. Economy
10. Culture & Identity

Members voted on their top three issues from this list and those topics formed their committees – Education, Health, and Rights and Equality Committees.

## Committee Planning Day

In May 2024, the Health Committee attended a committee planning day. They participated in workshops and discussion-based activities to decide what issues were the most pressing. They also looked back at the Big Youth Survey to see what other concerns young people had.

The issues they considered included:

* Waiting lists for children and young people in Northern Ireland
* Addiction issues for children and young people
* Physical education for children and young people
* Dietary education for children and young people

They finally decided to examine mental health provision is schools across Northern Ireland due to the stigma still attached to mental health in young people. They felt that mental health support varied in schools across Northern Ireland, and they wanted to have the opportunity to learn more about mental health in school.

## Research on Mental Health

The Committee began their research by compiling summaries of reports and frameworks relating to mental health in schools. They shared their findings with each other during their monthly online committee meetings. Please see a list below of the research they compiled during this time:

**Mental Health Framework, Department of Education, 2021.[[1]](#footnote-1)**

* + 50% of mental health issues start by age 14.
  + 1 in 8 have emotional difficulties; 1 in 10 self-harm; 1 in 8 have suicidal thoughts.
  + Higher issues in deprived areas and among children with a parent with mental health issues.
  + NI youth have 25% higher mental health problems than rest of UK; suicide rates are disproportionately high.

**Independent Review of Education, 2023.[[2]](#footnote-2)**

* + Attendance around 90% masks regular absences, contributing to learning disruption and rising mental health concerns like anxiety and school refusal. The **Children and Young People’s Emotional Health and Wellbeing Framework** promotes a whole-school approach to mental health, focusing on wellbeing, identity, and resilience. Strong relationships in school are crucial, but staff need support. The system’s emphasis on exams is harmful; wellbeing and emotional intelligence should be prioritised. Schools need access to trained specialists, and a **new Curriculum Council** should reduce content overload and promote life skills and mental health.

**Mental Health Strategy 2021-2031, Department of Health.[[3]](#footnote-3)**

* + Actions call for early emotional development support, improved services for children with disabilities, and increased CAMHS funding (10% of adult MHS). Focus areas include crisis services, smooth transitions to adult care, and collaboration with community groups.
  + **Key statistics**:
    - NI has the highest mental health prevalence in the UK; 25% higher than England.
    - 1 in 10 CYP have emotional problems; 1 in 6 show eating disorder patterns.
    - 1 in 10 self-harm; 1 in 20 show ADHD symptoms.
    - COVID-19 worsened mental health.
    - ACEs account for ~30% of mental disorders—prevention through school connection is crucial.
    - 75% of mental illness begins before age 25.
    - **Core approach**: Cross-sector, evidence-based, early intervention with schools central to prevention.

**Youth Wellness Hub, Children and Young People’s Strategic Partnership.[[4]](#footnote-4)**

* + A resource by the Children and Young People’s Strategic Partnership offering age-specific information for young people, teachers, and parents on topics like bereavement, bullying, wellbeing, mental health, and school—featuring signposting, videos, and helpful resources.

**Being Well Doing Well, Education Authority.[[5]](#footnote-5)**

* + The *Being Well Doing Well* programme supports schools in embedding a whole-school approach to emotional health and wellbeing through training, toolkits, and resources, aiming to reduce barriers to learning and improve pupil outcomes.

**REACH, Education Authority.[[6]](#footnote-6)**

* + The REACH Programme, part of the Emotional Health & Wellbeing in Education Framework, provides youth worker-led emotional wellbeing support for children aged 6–19 in all NI schools, using group-based sessions during or outside school hours. It is funded by the Department of Education and Department of Health.

**Text a Nurse, Public Health Agency and the Department of Education.[[7]](#footnote-7)**

* + The Department of Education has launched the Text-a-Nurse service, offering young people aged 11–19 in Northern Ireland confidential health advice via text. This initiative allows students to message a school nurse about concerns such as mental health, bullying, self-harm, body image, drugs, and relationships. The service is part of efforts to enhance emotional wellbeing support in schools. We were told that funding will be stopping soon for this service.

**Emotional Wellbeing Teams in Schools (EWTS), Department of Education. [[8]](#footnote-8)**

* + The *EWTS* programme supports post-primary and EOTAS settings by delivering tailored psychoeducational workshops to pupils and staff, focusing on emotional wellbeing, self-esteem, and resilience. Developed with CAMHS, it is part of the Emotional Health and Wellbeing in Education Framework and led by experienced health and social care professionals.

**The Attach Programme (TAP), Education Authority.[[9]](#footnote-9)**

* + The Attach Programme (TAP) is a trauma- and attachment-informed initiative under the Primary Children Looked After Advisory Service. It supports schools in Northern Ireland by assigning Key Adults to foster nurturing relationships with looked-after children, enhancing their emotional wellbeing. TAP offers staff training, consultations, and clinical assessments to create a safe, supportive school environment.

**Healthy Happy Minds (Primary Schools), Education Authority.**

* + The *Healthy Happy Minds* pilot, launched in 2021 with £7.5m funding, supported emotional wellbeing in primary schools as part of the Children and Young People’s Emotional Health and Wellbeing in Education Framework. Running until March 2023, it aimed to prevent and reduce mental health issues through early intervention. An evaluation published in March 2024 will inform future planning.

**‘Still waiting’ report from the Northern Ireland Commission for Children and Young People, 2018.[[10]](#footnote-10)**

* + The *Still Waiting* report by the Northern Ireland Commissioner for Children and Young People (NICCY), published in September 2018, is a rights-based review of mental health services for children and young people in Northern Ireland. It highlights systemic issues such as long waiting times, inconsistent service delivery, and inadequate early intervention. The report emphasizes the need for a coordinated, adequately funded approach to mental health care, ensuring timely access to support and services for all children and young people.​

**‘Mental Health Matters’ report from the Secondary Students’ Union of Northern Ireland (SSUNI), 2021**.[[11]](#footnote-11)

* + A Nov–Dec 2023 survey of 2,131 NI students revealed that 76% experienced mental health issues, with 85% impacted by uncertainty around assessments. While many schools offer support, only 42% felt comfortable using counselling services, which are inconsistently available and vary by region, especially in rural areas. Waiting lists are long, and only 7.8% of the mental health budget is allocated to CAMHS (short of the 10% target). Students reported low satisfaction with counselling, called for mental health education, and wanted teachers better trained and more involved in support. Young people also want to be included in decision-making about their education and wellbeing.

**NIA Public Accounts Committee on Mental Health, 2024.[[12]](#footnote-12)**

* + Short Summary of PAC Recommendations (2023–2024):
    - Develop a clear, accountable mental health strategy.
    - Increase and align funding with service demand.
    - Improve data collection for better planning.
    - Tackle staff shortages through recruitment and training.
    - Ensure equal access across all regions, especially rural areas.
    - Focus on early intervention and prevention.
    - Integrate mental health with education, social care, and primary services.
    - Monitor and evaluate services for continuous improvement.

**Elephant in the Room, Belfast Youth Forum, Belfast City Council, 2018.[[13]](#footnote-13)**

* + The project was driven by the United Nations Committee on the Rights of the Child's[[14]](#footnote-14) call for greater focus on youth mental health. In a survey of 1,117 young people, 91% said mental health is a major issue in Northern Ireland. Focus groups revealed a strong desire among young people to discuss mental health, access information, and combat stigma. Findings centred on three key themes**:** Stigma, Safe Spaces, and Schools & Information.

**The Northern Ireland Assembly All-Party Group on Mental Health – Executive Summary Report of the Inquiry into Mental Health Education and Early Intervention in Schools, 2024.**

* + Summary of PAC Recommendations Relevant to Children and Young People (CYP):
  + Early Support & Prevention - Review early intervention for CYP within 12 months to prevent conditions from worsening.
  + CAMHS Access & Funding - Increase CAMHS funding toward 10% of the overall mental health budget and identify and address barriers to CAMHS referrals and improve access.
  + Workforce Expansion - Invest in recruiting and training staff to meet health needs of children.
  + Health & Education Collaboration - Strengthen partnerships between Health and Education to support emotional wellbeing in schools.
  + Waiting Lists - Reduce waiting times, especially for psychological therapies affecting CYP.
  + Data & Outcomes - Collect and publish consistent mental health outcomes for CYP to improve services.
  + Crisis Services - Provide timely, region-wide crisis services suitable for young people.
  + Voluntary Sector - Review and improve how voluntary organisations supporting CYP are funded and involved.

These recommendations focus on making mental health services for children and young people more accessible, better funded, and more joined-up with education and community support.

**The United Nations Committee on the Rights of the Child Concluding observations on the combined sixth and seventh periodic reports of the United Kingdom of Great Britain and Northern Ireland, CRC/C/GBR/CO/6-7, 2023.[[15]](#footnote-15)**

* + Summary of UN Committee Recommendations on CYP Mental Health:
    - Urgent Reform of the Mental Health Act - Ban placing children with mental health issues, autism, or learning disabilities in adult psychiatric units or police stations. Ensure their voices are heard, rights are protected, and care is time-bound with proper follow-up.
    - Prioritise CYP Mental Health in National Strategy - Include infants, children, and young people in the major health strategy, with focus on mental health.
    - Expand Community-Based Services - Increase accessible, well-funded therapeutic services and early intervention in schools.
    - Tackle Long Waits and Workforce Shortages - Address delays and stigma in accessing care. Recruit more child psychologists and psychiatrists to meet needs locally.
    - Support Vulnerable Groups - Invest in tailored services for LGBTQ+ children, migrants, disabled children, and young carers.
    - Reduce Overrepresentation in Inpatient Care - Address why minority, autistic, and learning-disabled children are disproportionately admitted.
    - Invest in Prevention - Target the root causes of poor mental health, including eating disorders and self-harm.

## Mental Health Stakeholder Day

In August 2024, the Committee hosted a Stakeholder Day in Parliament Buildings, where they took evidence from experts. They met with:

* Professor Siobhan O’Neill, Mental Health Champion for Northern Ireland
* Colin Wallace, Head of Children and Adolescent Mental Health Branch, Department of Health
* Julie Plackitt, Head of Pupil Support Team, Department of Education
* Grainne Crealey, Health Research Officer (RaIse), Northern Ireland Assembly

They listened to their presentations and asked questions to get a better understanding of mental health provision in schools across Northern Ireland. After this meeting, Members wanted to meet with other experts to further their understanding.

## The Education and Training Inspectorate

The Committee met with the Education and Training Inspectorate (ETI) in November 2024. During this session, they met with the following senior officials to discuss the inspection process for emotional health and wellbeing in schools:

* Faustina Graham, Chief Inspector
* Nicola Byrne, Assistant Chief Inspector
* Cathy Galway, Director of Policy, Planning and Youth

The ETI's Whole School Wellbeing Report 2018, presented by Faustina Graham, Chief Inspector, focused on the framework's four key objectives: Integrity, Objectivity, Honesty, and Impartiality, all aimed at championing children and young people's right to a good education. Ms Graham emphasised the importance of a positive KS4 curriculum that aims to make pupils "Happy, learning, and succeeding" while fostering individual development and contributing to society, the economy, and the environment.

The presentation highlighted the five core questions used to inspect schools:

1. What is the school’s vision and what informs it?
2. How is the school achieving this vision in its context?
3. How does the school monitor progress and respond to challenges?
4. How does the school define and celebrate success for all learners?
5. How is the school fostering a community of learning?

These questions are supported by nine contributory areas including curriculum, health, wellbeing, safety, and learner participation. Ms Graham also discussed the role of learner participation through pupil questionnaires and focus groups, mentioning that 2,000 responses had been collected from 11 schools this year, and 14,500 responses to a survey on new RSE guidance.

During the Q&A session, Ms Graham and her team stressed the importance of mental health in learning, noting that poor mental health impacts learning outcomes. She also discussed the challenges of measuring mental health, highlighting that each school is unique, and suggested using initiatives like the Schools of Sanctuary Award or a "happy schools" index as potential tools to measure and foster school happiness.

## Minister of Health

The meeting with the Minister of Health focused on discussing the state of mental health provision in schools across Northern Ireland. Key points included the growing recognition of mental health as a critical factor influencing student well-being and academic performance. The Minister acknowledged the increasing demand for mental health support services within schools, with particular emphasis on the challenges faced by children and young people in accessing timely and adequate care.

The discussion highlighted current initiatives aimed at addressing mental health needs, including the integration of mental health education into the curriculum and the availability of school-based counselling services. However, concerns were raised regarding the inconsistency in mental health service delivery across schools and the lack of specialised resources in some areas. The Minister recognised the need for a more coordinated approach and better training for school staff to support students’ mental health.

Additionally, the importance of early intervention and prevention was emphasised, with calls for more funding and a streamlined referral process for students requiring external support. The Minister confirmed that improving mental health provision in schools is a priority for the department and committed to exploring further strategies, including collaboration with local health services and other educational bodies, to enhance support for students.

Overall, the meeting highlighted the need for more comprehensive, accessible, and consistent mental health services in schools to ensure that every child and young person has the support they need to thrive.

# Mental Health Youth Stakeholder Day

In March 2025, the committee hosted a Mental Health Stakeholder Day for young people to explore their experiences of mental health in general and in school. They constructed a day of workshops to be able to enhance their understanding. There were 47 young people aged 12-18 in attendance from across Northern Ireland from the following organisations:

* Northern Ireland Youth Assembly
* NICCY
* Angel Eyes
* Belfast YMCA
* Start 360 and the Members of the UK Youth Parliament
* Children’s Law Centre

The following icebreakers and workshops were held in order to achieve this:

1. Icebreaker 1 – Ranking causes of mental health in young people
2. Icebreaker 2 – Awareness of reports/frameworks/programmes in schools
3. Workshop 1 – Stigma Statements
4. Workshop 2 – Mental Health Provision in Schools (Mentimeter)
5. Workshop 3 – An Ideal School for Mental Health

The following report will examine each icebreaker and workshop to help understand the responses from the young people who attended on the day.

# Icebreaker 1 – Ranking causes of mental health in young people

To start off the day, all young people were split into groups and given an envelope with possible causes of mental health for young people. Their task was to rank the possible causes of mental ill health on a large sheet of paper and add any that were not included that they felt were important to them.

## Analysis of Results

The main findings highlighted the top issue for each group (Table of results in Appendix 1):

1. Group1 – Isolation/Loneliness
2. Group 2 – Family
3. Group 3 – Bullying
4. Group 4 – Mobile phones/social media
5. Group 5 – Childhood trauma
6. Group 6 – School
7. Group 7 -Poverty

The only other different potential causes that were listed in their top three that were different were:

1. Gender/Sexuality Issues
2. Exams
3. Stigma
4. Identity

# Icebreaker 2 – Awareness of reports / frameworks / programmes in schools

In this activity, Youth Assembly Members had a list of reports, frameworks, and programmes in schools that they discovered from their research and speaking to the experts.

They read each one out and explained a little about them and asked their groups to say whether or not they were aware of them. See below for results:

## Analysis of Results

Examining the table (Appendix 2), the majority of young people in attendance were not aware of most of the reports, frameworks, and programmes of support that are available. This may be understandable in some cases, such as the ‘Independent Education Review,’ however, others could be made more available and awareness could be higher, such as ‘Text a Nurse’ or the ‘Emotional Wellbeing Teams in Schools.’

# Workshop 1 – Stigma statements

In this workshop, there were large pieces of flipchart paper positioned around the walls of the room and on each page, there was a statement. Please see below for the series of statements posed to the young people:

* *There is still stigma around mental health.*
* *Young people suffer more stigma around mental health than adults.*
* *Stigma is caused by social media.*
* *Most young people are scared to talk about mental health with their peers.*
* *We could talk more about mental health, if there were more spaces / places to talk about it.*
* *Stigma around mental health is caused by our peers.*
* *Some young people would worry if people found out if I was seeing a counsellor for my mental health.*
* *Young people feel comfortable talking about mental health in school.*
* *Young people are not afraid of being judged by having a mental health problem.*
* *Stigma can be caused by not knowing about mental health issues.*
* *Teachers don’t take mental health seriously.*
* *Young people feel awkward going to see a counsellor in school.*

The statements were carefully constructed by Health Committee members and had a mixture of positive and negative statements, in order not to sway their opinions.

Once the young people were made aware of the statements around the room, they were handed an envelope with coloured dots inside. Their task was to walk around the room, read the statements and place a dot on each page. If they placed the dot towards the top of the page, they agreed with it. If they placed the dot towards the bottom of the page, they disagreed with the statement. Therefore, their responses became a spectrum.

## Analysis of Results

**A paper with words on it

AI-generated content may be incorrect.Statement 1: There is still stigma around mental health.**

Most young people in attendance agreed with this statement.

**A paper with words on it

AI-generated content may be incorrect.Statement 2: Young People suffer more stigma around mental health than adults.**

Most young people agree that young people suffer more than adults, though some did disagree suggesting that young people felt that mental health affects all regardless of age.

**Statement 3: Stigma is caused by social media.**

**A paper with words on it

AI-generated content may be incorrect.**The young people’s responses were quite mixed on this statement as the young people could see the positive and negative aspects of social media use and the effects on their mental health. They portrayed this through writing some of their reasons for this on the paper:

1. Negative: It’s an anonymous, broad platform for trolling.
2. Positive: Can be a safe community.
3. Positive: Friends, be yourself and you can control who sees it.
4. Positive: Social media can normalise talking about mental health issues – promotes help and organisations.

**A paper with words on it

AI-generated content may be incorrect.Statement 4: Most young people are scared to talk about mental health with their peers.**

Once again, the young people’s responses were rather mixed on this statement. They stated that they have had different experiences of talking with their friends or peers about their own mental health.

**A piece of paper with colorful confetti

AI-generated content may be incorrect.Statement 5: We could talk more about mental health, if there were more spaces/ places to talk about it.**

Most agreed with this statement. During a debrief, some young people spoke about their positive experiences of a dedicated place within school, such as a mobile classroom, specifically designed as a space for mental health. There is also a comment on the sheet, which states ‘well-being hub,’ which indicates a need or want for this space for some young people.

**A poster with words on it

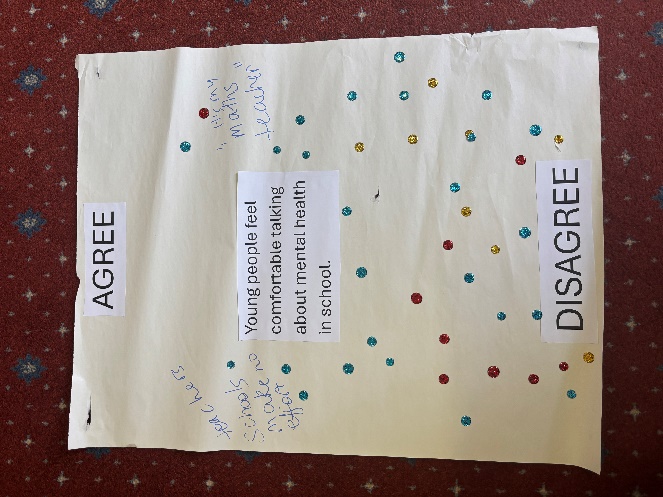
AI-generated content may be incorrect.Statement 6: Stigma around mental health is caused by our peers.**

This statement was rather mixed in response again. During a debrief, the young people spoke about the effect of bullying and the pressures on young people from their peers at times.

A paper with confetti on it

AI-generated content may be incorrect.**Statement 7: Some young people would worry if people found out if I was seeing a counsellor for my mental health.**

Most young people strongly agreed with this statement, which relates to the first statement about stigma and mental health in young people. We can intimate that young people still worry about how other people would view them if they knew they were attending counselling in school.

**Statement 8: Young people feel comfortable talking about mental health in school.**

Most young people strongly disagreed with this statement, and some were undecided suggesting that young people don’t feel comfortable talking about mental health within the school environment. Also, two young people commented on the page: ‘It’s my Maths Teacher,’ meaning they taught Personal Development in school and did not feel they felt equipped to talk about it. Another comment states, ‘Teachers/ schools make no effort.’ Albeit it is one young person’s experience, but they felt strongly enough about it to comment.

A paper with confetti on it

AI-generated content may be incorrect.**Statement 9: Young people are not afraid of being judged by having a mental health problem.**

Most young people either disagreed or strongly disagreed with this statement implying that stigma still surrounds mental health for young people.

**A paper with words and a note on it

AI-generated content may be incorrect.Statement 10: Stigma can be caused by not knowing about mental health issues.**

The majority of young people agreed with this statement. There was also a comment written on the top of the page that states: ‘lack of awareness or talks given about mental health in schools.’ This comment and the result suggest that young people may not know enough about mental health issues, therefore contributing to the stigma surrounding mental health for young people.

A poster with words on it

AI-generated content may be incorrect.**Statement 11: Teachers take mental health seriously.**

This statement resulted in a mixed response, as most were either unsure or disagreed to some level. We might intimate that this response was based on their own experiences. There were also a few comments written on the sheet: 1. Is it a teacher’s responsibility? 2. Well-being team? 3. Mental health impact on education – being flexible with it – maybe a training need? 4. School refusing.

A paper with writing on it

AI-generated content may be incorrect.**Statement 12: Young people feel awkward going to see a counsellor in school.**

Most young people with agreed or strongly agreed with this statement. It could suggest that this also relevant to the question on stigma attached to mental health for young people. There were also a few comments written on the sheet: 1. Don’t know the person 2. Self-refer vs seeing teaching first 3. No confidence as the information is shared.

# Workshop 2: Mental Health Provision in Schools

The Members of the Youth Assembly Health Committee wanted to hear about young people’s experiences of services within schools. In this workshop, they decided they would like to create anonymous responses, so that young people would not feel stigmatised in responding among their peers. Therefore, they created a Mentimeter quiz, where they would pose questions, and the young people would answer on their phones. The results were shown in real time.

## Analysis of Results

For reference purposes, the scale below is as follows: Strongly disagree = 1; Disagree = 2; Don’t know/Not sure = 3; Agree = 4; and Strongly Agree = 5.

A screenshot of a graph

AI-generated content may be incorrect.

In the above answer, we can see that the majority of young people were aware of a school counsellor in their school. However, 11 young people had a mixture of answers ranging from strongly disagree, disagree and don’t know/not sure.

A screenshot of a graph

AI-generated content may be incorrect.

In contrast to the first question about school counsellors being on school grounds, we can see in this question, about whether those services were good, there was a mixed response. 22 young people strongly disagreed or disagreed with this statement. Whereas 13 young people were not aware, and this is possibly that they may not have any experience of counselling in school, or we could intimate that they have nothing else to compare it to. Finally, only 11 young people either agreed or strongly agreed with this statement.

A screenshot of a graph

AI-generated content may be incorrect.

The response to the statement that waiting lists are too long was mixed. 19 young people either strongly agreed or agreed with this statement, whereas 15 young people did not know or were not sure. This could suggest that they have no experience of counselling in school. Lastly, 12 young people disagreed or strongly disagreed with this statement.

A screenshot of a graph

AI-generated content may be incorrect.

Regarding the ease of getting out of class to see a counsellor, the response was mixed. Only 16 young people agreed or strongly agreed with this statement. 23 young people disagreed or strongly disagreed suggesting that they do find it difficult to get out to see a counsellor during class time.

A screenshot of a graph

AI-generated content may be incorrect.

We asked the group of young people about spaces within schools to talk about mental health as our committee felt this was an important part of adequate mental health support. The majority of young people either disagreed or strongly disagreed with this. A low number of 7 young people were not sure which may suggest that they have no experience of this kind of support. Only 9 young people either agreed or strongly agreed with that there are adequate spaces in schools to talk about mental health.

A screenshot of a computer

AI-generated content may be incorrect.

Less than half of the young people agreed or strongly agreed that there are supports other than counselling in their school and 18 young people either disagreed or strongly disagreed with this statement. 5 young people were unaware of any other supports in their school besides counselling services. We wanted to find out the different types of supports in schools. Therefore, we asked the group of young people the following question: What additional supports are in your school, if any? Please see below for a summary of their responses:

Well-being groups/prefects/Well-being groups – 14

Teachers/Pastoral Support Teams – 13

A dedicated room/area – 17

Nothing - 5

SENCO – 3

Poster – 1

Sports Teams – 1

Youth Workers – 1

Drop-in Mental Health Sessions - 1

A screenshot of a graph

AI-generated content may be incorrect.

This question gave a very mixed response from the group.14 young people either disagreed or strongly disagreed with this statement and 11 young people were unsure, suggesting that there is poor awareness in some schools. 19 young people agreed or strongly agreed that there were teachers trained in emotional health and well-being.

A screenshot of a graph

AI-generated content may be incorrect.

Most young people were unsure, disagreed or strongly disagreed with this statement asking if they were aware if their school had a mental health strategy, framework or policy. Overall, 11 young people knew that their school had a mental health strategy, framework or policy. We suggest that schools may need to make their pupils more aware of their policies where they exist.

A screenshot of a graph

AI-generated content may be incorrect.

Most young people agreed with this statement as 31 out of 47 either agreed or strongly agreed that their school will signpost pupils to other organisations that support mental health. This could also suggest that schools may prefer or feel better equipped to signpost rather than have supports in schools. It could also suggest that it is better for young people to be signposted to professional organisations who are specifically set-up to deal with mental health issues.

A screenshot of a graph

AI-generated content may be incorrect.

There was a mixed response from the group in relation to the availability of a self-referral scheme for counselling. 20 young people agreed or strongly agreed that they were aware that they could self-refer themselves for counselling. 14 young people disagreed or strongly agreed which suggests that the service is not available in their school. Finally, 8 young people were unsure. Perhaps they are either not aware or may not have used the service in school.

A screenshot of a graph

AI-generated content may be incorrect.

Around a third of the young people either agreed or strongly agreed with this statement intimating that they have peer support, well-being groups or prefects in school. 16 young people disagreed or strongly disagreed with this statement suggesting they have no peer support in their school. And finally, 8 young people were unsure meaning they possibly were unaware of this type of support in their school.

A screenshot of a graph

AI-generated content may be incorrect.

The majority of young people stated there were mental health workshops in their school. However, the question does not ask in what format this takes place (Learning for Life and Work (LLW) lessons, school assemblies, one-off workshops from outside organisations or through dedicated programmes in schools). 13 young people disagreed or strongly disagreed with this statement suggesting that there have been no mental health workshops available to them so far in their school experience.

A screenshot of a graph

AI-generated content may be incorrect.

Almost half the group disagreed or strongly disagreed with the statement that mental health is taken seriously in their school. 15 young people felt that it was taken seriously in their school, and 8 young people were unsure.

# Workshop 3 – An Ideal School

In this workshop, the Youth Assembly staff asked the young people in their groups to create a drawing of a ‘mentally healthy school’. They were given 40 minutes to plan and make suggestions which would make school better for young people’s mental health. They spent time drawing and making notes on their sheet. Afterwards, they fed this back to the whole room and explained their choices.

The next section will show their drawings of an ideal school for mental health with explanations on each.

## Analysis of Results

**Drawing 1**

A piece of paper with writing on it

AI-generated content may be incorrect.

This drawing depicts an ideal school for mental health, talking about mental health assemblies, a ‘zen den’ in which to relax, fully trained teachers in mental health support, a mental health professional such as a nurse and peer support. This group also listed a few other elements to add to a mentally healthy school:

* Extra-curricular activities to support mental health such as group walks;
* Teachers to be informed about issues to keep them in the loop;
* Teachers to not shout or be aggressive;
* Ensuring children have time at home to relax and not stressed with homework all the time;
* Outside organisations and specialised speakers to give talks and workshops on mental health;
* A buddy programme between Year 8 and Sixth Form students to help with an easier transition;
* Creation of a safe environment in school that is accessible and well resourced;
* Smaller class sizes;
* Mental health frameworks;
* Mandatory mental health education;
* Extended work deadlines when necessary for assessments and exams;
* Their overwhelming message states, ‘More than a poster!’

**Drawing 2**

A paper with writing on it

AI-generated content may be incorrect.

This group decided to draw a school and write their recommendations for an ideal school around it. Some responses include:

* Better counselling services- focusing on subtlety and privacy. Self-referral service in every school;
* Using LLW to spread awareness and reduce stigma around mental health;
* Safe Spaces: Quiet gardens that can be accessed at any time and other designated rooms for mental health;
* Therapy dogs;
* Better teacher training;
* Mental health curriculum and framework;
* Discreet support and guidance;
* All schools should have student support groups;
* Mental health workshops;
* Better support for mental health with students who have Autism, AHDH etc; and
* Drop in counselling.

**Drawing 3**

A white paper with drawings on it

AI-generated content may be incorrect.

This group have depicted their school in a similar manner to the previous group by drawing a school and writing their suggestions around it. A summary of the responses include:

* Quiet spaces;
* More social clubs;
* Mental health committee;
* More free time for all year groups, i.e. enrichment periods;
* Less strict about uniforms – more expression, dyed hair, earrings etc;
* More time between classes;
* More outside time;
* Get rid of transfer test (too much pressure);
* Happy teachers; and
* More focus on creative subjects.

**Drawing 4**

A piece of paper with writing on it

AI-generated content may be incorrect.

This group wrote suggestions but also focused on overall themes such as ‘Welcome school and community hub,’ which invokes a sense of the school not just being seen in isolation but as a part of a wider community. A summary of their responses include:

* Less strict about uniforms;
* Strong response to bullying;
* Healthy canteen;
* More sport;
* Wellness Ambassadors;
* Value pupils, not just grades; and
* Good modern facilities.

**Drawing 5**

A white paper with writing on it

AI-generated content may be incorrect.

This group did not draw a school, but they outlined their ideal school under three headings: Mental health, Sport and Education. See below for a summary of their responses under these three headings:

Mental health:

* More exam support;
* Canteen with healthy, happy food;
* Wellbeing hub; and
* Better counselling services.

Sports:

* Overall, better facilities; and
* Good variety of sports.

Education:

* A wellbeing hub;
* Mental health support club;
* Peer support groups; and
* One period a week dedicated to mental health.

# Recommendations

Having examined the research, spoken to the experts and the ‘experts by experience’ (young people themselves), the Northern Ireland Youth Assembly Health Committee proposes the following recommendations in relation to mental health provision in schools:

1. Develop programmes in school to help with stigma around mental health - this specifically relates to designated programmes in Personal Development classes coupled with programmes delivered by outside organisations.
2. Provide designated spaces in schools, indoor and outdoor, to create a more open environment to normalise talking about mental health. Young people spoke about a dedicated room within a school where they could relax or talk to someone if needed. Another option was to have an outdoor space such as a “Zen garden”, where they could relax while being mindful of the outdoors.
3. Prioritise effective counselling services in school with shorter waiting lists, and the availability of self-referrals for all schools. Every school should be properly equipped with counsellors who could develop professional, supportive relationships with pupils to help with stigma. Furthermore, it should be easier to get out of class to attend counselling sessions if needed.
4. Invest in better training for Learning for Life and Work teachers and those teachers in pastoral or wellbeing teams. Teachers should be supported in upskilling their knowledge in this area but also have time to process situations they are dealing in regard to mental health through professional supervision and support.
5. Make mental health a statutory topic within the curriculum. The young people want to make this compulsory and feel it should be taught every year from primary school.
6. Provide more whole-school activities for mental health which involve local communities. They referred to this as ‘more than a poster’. They would like more of a pro-active, whole-school response, such as establishing committees for sports activities, mindfulness sessions, and other activities such as art, crafts, and healthy eating for mental health.
7. Create pupil peer support groups in all schools involving training and ongoing support for those who volunteer in this role.
8. Facilitate ongoing youth voice within schools and government on this issue.
9. Ensure effective collaboration between the Department of Health and Department of Education to provide appropriate mental health services for young people in at the point of need.

# Thanks

Thank you to all the organisations who took part in our Youth Mental Health Stakeholder event in March 2025. A special thank you to the young people and their supporting adults in the following organisations:

* NICCY
* Angel Eyes
* Belfast YMCA
* Start 360 and the Members of the Youth Parliament
* Children’s Law Centre

We would also like to take the opportunity to thank those who gave evidence at the Committee Stakeholder Day in August 2024. They are:

* Professor Siobhan O’Neill, Mental Health Champion for Northern Ireland
* Colin Wallace, Head of Children and Adolescent Mental Health Branch, Department of Health
* Julie Plackitt, Head of Pupil Support Team, Department of Education
* Grainne Crealey and Sinead McMurray, Research Officers, Northern Ireland Assembly

In advance of our presentation and publication, we would like to take the opportunity thank the Minister of Health, Mike Nesbitt MLA and the Northern Ireland Assembly Health Committee for their time and consideration.

# Appendix 1 – Icebreaker 1 Table of Results

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Topic** | **Group 1** | **Group 2** | **Group 3** | **Group 4** | **Group 5** | **Group 6** | **Group 7** |
| Alcohol | 13 | 19 | 17 | - | 13 | 10 | 12 |
| Bullying | 9 | 4 | 1 | 3 | 6 | 4 | 6 |
| Childhood trauma | 3 | 8 | 5 | 7 | 1 | 12 | 3 |
| Covid | 17 | 6 | 19 | 5 | 19 | 20 | 17 |
| Drugs | 14 | 20 | 18 | - | 12 | 9 | 15 |
| Eating disorders | 18 | 16 | 4 | - | 8 | 13 | 8 |
| Exams | 12 | 7 | 12 | - | 4 | 2 | 11 |
| Family | 4 | 1 | 7 | - | 2 | 16 | 2 |
| Friends | 11 | 13 | 8 | - | 18 | 17 | 9 |
| Gender/Sexuality issues | 5 | 9 | 2 | 4 | 9 | 14 | - |
| Identity | 6 | 5 | 3 | 2 | 10 | 18 | 10 |
| Isolation/loneliness | 1 | 11 | 14 | - | 15 | 6 | 4 |
| Mobile phones/social media | 20 | 14 | 9 | 1 | 3 | 3 | 7 |
| Paramilitaries | 8 | 17 | 20 | - | 20 | 19 | 16 |
| Peer pressure | 7 | 10 | 15 | - | 17 | 5 | 14 |
| Poverty/money worries | 2 | 15 | 11 | 8 | 16 | 7 | 1 |
| School | 10 | 2 | 6 | 6 | 5 | 1 | 5 |
| Stigma | 19 | 3 | 13 | - | 7 | 8 | 19 |
| Vapes/Smoking | 15 | 18 | 16 | - | 14 | 11 | 13 |
| Waiting lists | 16 | 12 | 10 | - | 11 | 15 | 18 |

*\*Group 2 also noted Autism/Neurodivergence and disabilities*

*\*Group4 also noted generational trauma beside childhood trauma*

*\*Group 7 also noted sexual abuse, discrimination*

# Appendix 2 – Icebreaker 2 Table of Results

Which of the following have you heard of?

|  |  |  |
| --- | --- | --- |
| **Programme/Report** | **Total** | |
|  | Yes | No |
| Mental Health Framework in Schools | 7 (17%) | 35 (83%) |
| Independent Education Review | 17 (40%) | 25 (60%) |
| Department of Health Mental Health Strategy | 21 (50%) | 21 (50%) |
| Youth Wellness Hub | 7 (17%) | 35 (83%) |
| Being Well, Doing Well (Education Authority) | 15 (36%) | 27 (64%) |
| Reach (Education Authority) | 19 (45%) | 23 (55%) |
| Text a Nurse | 27 (64%) | 15 (36%) |
| Emotional Wellbeing Teams in Schools | 14 (33%) | 28 (67%) |
| Attach Programme (Education Authority) | 1 (2%) | 41 (98%) |
| Happy Healthy Minds (DE, Primary Schools only) | 10 (24%) | 32 (76%) |

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