**Project title:** Mental health prevention and intervention in Schools in Northern Ireland

**Project supervisors:** Siobhan O’Neill, Professor of mental health sciences (supervisor) Faculty of Life and Health Sciences  
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The project will also be overseen by a steering group comprising stakeholders, including representatives from the Departments of Health and Education, NI Association for Mental Health, and other relevant groups.

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**Level:** PhD

**Background to the project:**
There is mounting evidence that mental disorders are increasingly common among young people and that the behavioural symptoms of mental illness in become evident at an early age. It is estimated that three children in every classroom have a diagnosable mental health condition (YoungMinds, 2016). Over the past two years, we have seen a 70 per cent increase in the number of reported cases of self-harm in British 10 to 14 year-olds. There has been a staggering 106 per cent increase in the number of children and young people presenting at A&E with a psychiatric condition since 2009 (Department of Health, 2016).

The world mental health surveys demonstrate that many of the common mental health disorders that are associated with depressive co-morbidity in early adulthood, and substance abuse, have an age of onset range that commences in primary school. For ADHD the window of onset is 7–9 years. For the other behavioural disorders associated with poor self regulation and impulse control (oppositional-defiant disorders, conduct disorder, intermittent explosive disorder) the range varies between 7–15 years. The anxiety disorders such as phobias and separation anxiety, have an age of onset between 7 and 14 years (Kessler et al., 2007; diGirolamo et al., 2012). The extent of mental health difficulties in our young people is also demonstrated by the fact that one in 10 children in secondary schools report self harm behaviour (O’Connor et al., 2014) and the proportion rises to one in 5 of our university students (O’Neill et al., 2016).

Neuroplasticity in childhood means that this is a key period for the development of the neurological pathways that promote maladaptive stress responses and mental disorders. However this also means that there is much scope to halt and reverse the neurological difficulties via early detection and intervention (Silberman et al., 2016). There is good evidence for the treatability of these mental disorders, particularly if they are identified in the early stages. For example the National Institutes for Health and Care Excellence recommend a stepped care approach for the treatment of depression in young people based on evidence of the efficacy of CBT and other therapies (NICE, 2014). There is strong evidence that, if left untreated these disorders are associated with social impairment later in life, the emergence of co-morbid, severe and chronic mood disorders, and substance abuse in the teenage years, which can lead to dependence in adulthood. NICE also provide recommendations regarding the
promotion of mental health and well being in young people in schools. They advise that primary and secondary schools adopt a whole school approach to promoting wellbeing and the identification of children and young people at risk of mental health difficulties. They also recommend the identification and referral of young people with symptoms of disorders (NICE, 2014). However there is currently limited evidence regarding current practice in this area.

Schools and teachers have consistently reported the scale of the problem in recent years, but recently they have also voiced just how ill-equipped they feel to deal with the increasingly-complex mental health issues in their respective institutions. A recent survey undertaken by the National Association of Head Teachers (NAHT) found that almost 90 per cent of staff have had to provide “more support” for pupils suffering from mental illness over the past two years, despite the fact that three-quarters of school leaders feel they lack the resources to meet the mental health needs of their pupils. Reasons cited for this include a lack of training, financial constraints and the absence of support from professional NHS services. A shocking 43 per cent of school leaders interviewed in the NAHT survey said they had been finding it harder to access services for pupils with mental illness due to specialist child and adolescent mental health services (CAMHS) becoming overwhelmed. This has left schools themselves with the job of providing access to professional mental health services. However, there is a huge gap in this provision: 64 per cent of schools do not have access to a counsellor on-site, and three-quarters of these said that the most common barrier was financial. The NAHT survey further reported that only 9 per cent of staff felt they had been given enough training to help them spot the signs of mental illness in pupils, whilst 45 per cent said that training had been inadequate and 32 per cent said they had received no training at all. This survey was undertaken in English schools, less is known about the situation in NI schools. It is particularly important to address the mental health of young people in Northern Ireland given the evidence that high proportions of the population have mental health disorders (Bunting et al., 2014). High proportions have also been exposed to traumatic events relating to the Troubles and we know that trauma exposure and untreated mental health problems can impact upon parenting behaviour, therefore promoting the transgenerational transmission of these problems and increase the risk of mental disorders and suicidal behaviour in the next generation (O’Neill et al., 2015).

Methods to be used:
The project will adopt a mixed methods approach and students will be expected to develop a programme of research using qualitative, or quantitative methodologies or case study analyses.

It is anticipated that the project will include some of the following studies:
- Qualitative interviews with teachers and other school staff; using Grounded Theory (Glaser and Strauss), phenomenology or Interpretative Phenomenological Analysis (Smith et al.).
- Qualitative interviews or focus groups with school staff using thematic analysis (Braun and Clarke, 2006).
- Quantitative surveys of schools to examine, patterns of provision and providers’ views on gaps.
- Case study analyses of good practice in service provision, intervention and training.
Objectives of the research:
This PhD programme will investigate the current state of play regarding mental health resilience interventions, mental health services and interventions and the training needs of school staff including teachers.

Skills required of applicant:
- Literature review and evidence synthesis.
- Qualitative or quantitative research methods.
- Strong interpersonal communication skills.
- Ability to work as part of a team.
- Presentation skills.
- Academic writing.

References: