

Young People and Mental Health, Policy and Research Review

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Introduction

This brief focuses on issues relating to young people's mental health. It draws on published research evidence and discussion at a Roundtable event organised by YouthAction Northern Ireland (YANI) and ARK and held in December 2012. Roundtable participants included officials from a number of government departments, Health Trusts, representatives from a range of NGOs, academics, and young people from YouthAction Northern Ireland's Right Here Fermanagh project and Young Men Talking Project who opened the debate with a contribution on what they think is important for young people's mental health. The event was conducted under the anonymity of reporting allowed under the Chatham House Rule to encourage open debate.

Introduction and Context

According to the Mental Health Foundation (www.mentalhealth.org.uk), positive mental health is not just the absence of a mental illness, but also encompasses elements of social functioning as well as emotional

wellbeing. Mental and emotional health is therefore connected to self-confidence, assertiveness, empathy, the capacities to develop and maintain healthy relationships and to face and solve problems, but also the ability to play, to have fun and to laugh at oneself and the world.

Whilst mental ill-health is still not free from stigma, there is a growing recognition that mental health promotion and interventions should form an integral part of a holistic health promotion strategy. This focus away from the negativity of dealing with mental ill-health to a more positive and nurturing approach is reflected in, and informed by, the development of Positive Psychology (notably represented by Martin Seligman and colleagues), from the late 1990s onwards, which emphasises the importance of building strengths and resilience as a proactive approach to dealing with mental health. In this Policy Brief we relate research evidence in the field of mental health promotion to Northern Ireland policy and practice, to tease out the opportunities and lessons for regional mental health strategies and practitioners.

Mental Illness and Mental Health

The work of Corey Keyes (2002, 2005, 2006) clarifies a crucial distinction between mental illness and mental health. Commonly conceived as two ends of the same continuum, Keyes describes mental health and mental illness as two distinct states with cross-cutting continuums. Those with a diagnosable mental illness can also build mental health behaviours, thus promoting their positive social functioning. Conversely those who have no mental illness can experience poor mental health which can lead to negative outcomes for the individual with the potential of a slump into mental illness or depressive episodes.

This analysis of mental health as more than just the absence of mental illness opens new opportunities for policy-makers to design and implement strategies with ambitions towards a flourishing population, as opposed to the current 'treatment objectives for mental illness as symptom reduction and prevention of relapse' (Keyes, 2002).

Mental health indicators in Northern Ireland

Recent empirical data from Northern Ireland's newly established Health Survey (DHSSPS 2012a) suggests that almost one in five adults (19%) show signs of a possible mental health problem. This is based on a high score in the reliable and robust General Health Questionnaire (GHQ12). The GHQ is used to detect the potential of psychiatric disorders in the general population or in particular patient groups. Females are generally more likely to show signs of a possible mental health problem (www.mentalhealth.org.uk), which was also the case in the Health Survey where 20% of females compared to 17% of males score highly. In the youngest age group (16-24 years) 18% of respondents scored highly, 14% of males compared with 20% of females. This figure was the same in the Health Survey's predecessor, the Northern Ireland Health and Social Wellbeing survey (NISRA, 2002). Murphy and Lloyd (2007) analysed UK-wide data from the Household Panel survey and found that 20% of young people from Northern Ireland had a score of 4 or more on the GHQ12, which is regarded as the cut-off point for potential mental health problems.

The GHQ12 has also been used regularly by ARK's annual YLT survey of 16-year olds. Figure 1 shows the proportion of 16-year olds from 2004-08 who can be regarded as having potentially mental health problems (Figure taken from Schubotz (2010)). In the most recent YLT survey in 2011, GHQ caseness was 36% for females and 19% for males.

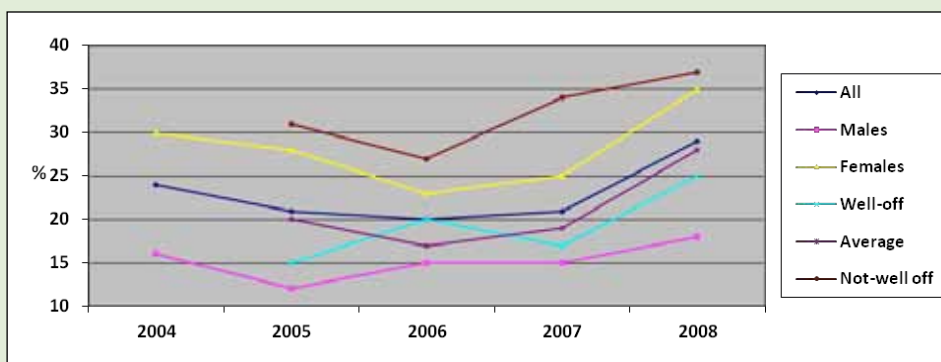
Apart from gender and family financial background, GHQ caseness is also related to experiences of school bullying, to same-sex attraction, to self-harm and suicidal ideation as well as poor levels of

participation and achievement in school (Schubotz 2010).

In their report on the mental health of vulnerable young people for NICCY, Devaney et al. (2012) propose that more creative, more responsive, individually tailored services that extend into adulthood need to be developed. The authors conclude that staff in mental health services need to have a skill set which involves the ability to engage with young people who do not necessarily want to engage, and to be able to motivate the young person to make positive choices in their life. Devaney et al. recommend that services should be sustained and planned on a long term basis so that they can address root causes and not just respond (or fail to respond) to young people's current

preoccupation was reflected in policy which has largely centred on mental health services and provision for those experiencing or at risk of developing mental health problems. Internationally there has been a growing focus on positive mental health aligned to a health promotion perspective and the development of a wellbeing agenda. This can be seen in the policies of the World Health Organisation and the European Union with positive mental health recognised internationally as a key resource for population and societal wellbeing. There is still a lack of research in terms of epidemiological studies analysing the determinants of health in whole populations but the evidence does suggest the importance of structural issues – for example that having a higher income, a higher level of

Figure 1: GHQ12 caseness by survey year and respondents' gender and family financial background (%)



Source: 2004-2008 YLT surveys

distress or challenging behaviours. This also begs the question of how we define mental health services and whether traditional understandings could be expanded to meet developing contemporary mental health needs.

Policy responses and opportunities

The focus of mental health research and literature has traditionally been on the study of mental illness and mental disorder rather than wellbeing. That

education and being in paid employment are strong predictors of better mental health, as are lower levels of loneliness and social support. The link between income inequality in societies and higher prevalence of mental illness has also been forcefully argued by a number of commentators (Wilkinson and Pickett, 2010; Friedli, 2009) who claim that inequality is corrosive of good relations and has a negative impact on social and emotional wellbeing.

A number of high level inter-departmental strategies in Northern Ireland address issues fundamental to promoting young people's mental health and particularly with regard to poverty. These align to the commitments of the current Programme for Government 2011-2015 which promises to act 'to improve the mental health and wellbeing of our people' under Priority 1. (OFMDFM, 2010). The Child Poverty Strategy (OFMDFM, 2011) 'Improving Children's Life Chances' and the 'Lifetime Opportunities' (anti-poverty and social inclusion) strategy (OFMDFM, 2008) identify priority action areas to tackle disadvantage. The Children and Young Person's strategy (OFMDFM, 2006) includes an outcomes framework for improving the lives of children and young people over a ten year period, based on work across a number of departments. It identifies some of the factors contributing to poor mental health, including trauma linked to conflict although commitments to improving mental health focus on prevention and services. More recently the Department for Employment and Learning has taken a lead in the development of a strategy for young people who are not in employment, education or training; so-called 'NEET' (DEL, 2012) and recognises the link (two way) between being 'NEET' and poorer mental health. Most discussions about mental health and wellbeing perceive a key role for education, not just in addressing academic under-achievement but also in non academic activities. The emotional health and wellbeing of pupils in NI (PEHAW) has been identified as a priority for action at Ministerial level since 2008/09. The intention was that the programme would provide a focus for the integration of a number of individual policies and activities including pastoral care systems, suicide prevention, anti-bullying and

the healthy schools initiative. An evaluation of this programme in 2011 (Connolly et al., 2011) reported that while the international evidence on the positive outcomes associated with such interventions was encouraging a number of key themes need to be put in place including resourcing and training and the need for a whole school approach and a whole person approach.

For some time public health policy in Northern Ireland has recognised the need to move away from a purely curative/treatment approach and place greater emphasis on building skills in, and positive attitudes to, mental health and wellbeing. This has been reflected in successive public health policies and strategies and is a strong theme of the new draft public health strategy 'Fit and Well' (DHSSPS, 2012b). It proposes a new ten year public health framework prioritising the collaborative work required across government departments and agencies. It contains a number of broad aims (Outcome 3) relating to improving the mental wellbeing of young people, including improvement in access to services and service provision. The document is explicit about the range of government policies relevant to promoting health citing the anti poverty and child poverty strategies, the 'NEET' strategy and education policies aimed at addressing under-achievement. The draft strategy stresses the need for a life course approach and puts forward key outcomes for each life stage. With regard to 'early adulthood', defined as 17-24, the policy aim is to 'enable young adults to grow, manage changes, and maximise their potential' (7.21-7.29). While some reference is made to the role of youth work in early adulthood and how the new Priorities for Youth (DE, 2012) will contribute to the vision of

every child fulfilling his/her potential, the potential of youth work more generally is not elaborated.

Two strategies have dominated the landscape of mental health in Northern Ireland for more than a decade. These are Promoting Mental Health Strategy and Action Plan (2003-2008) and Protect Life: The Northern Ireland Suicide Prevention Strategy and Action Plan (2006-2011). The aim of the Promoting Mental Health Strategy is the development of emotional and spiritual resilience which will enable us to enjoy life and to survive pain, disappointment and sadness. Its focus is on building full-population resilience and targeting efforts towards specific 'raised risk' groups. The Protect Life strategy (and the new 'Refresh' 2012-14 strategy) is a targeted intervention towards reducing the persistently high suicide rate in Northern Ireland.

The most recent strategy 'Refresh' Protect Life – A Shared Vision (DHSSPS, 2012c) acknowledges the limited progress in reducing suicide and self harm. Within this strategy there is a stronger focus on early intervention and the broader policy developments which have the potential to impact on suicide and self-harm. These include the draft sexual orientation strategy (see Gray Horgan and Leighton (2013) for further discussion) and strategies cited above. The view that all departments should play a role in suicide prevention is illustrated by the expanded Ministerial Co-ordination Group on Suicide Prevention which, in addition to the Health Minister, the Education Minister and the junior OFMDFM Ministers now includes the Ministers for Justice, Culture, Arts and Leisure, Social Development and Employment and Learning.

The development of two separate strategies by DHSSPS for Promoting Mental Health and Suicide Prevention has been incongruent with current political rhetoric on holistic strategies and joined-up interventions. This strategic separation has led to separate implementation groups and separate action plans and a lack of cohesion and integration between service providers. The Promoting Mental Health Strategy was due for revision in 2012, however the DHSSPS have reported on its 'intention to now link the development of the new mental health and wellbeing strategy with the new suicide prevention strategy – with the aim of publishing a single strategy in 2014.' (RaISE - Tithe an Oireachtais, 2013). This integrated policy will bring a welcome opportunity for co-ordinated implementation actions to build the mental health within a full-population and for those groups and individuals with more acute needs.

Youth work policy

The new Priorities for Youth policy for Northern Ireland sets out the structures and priority areas for youth services delivery (DE, October 2013). (At the time of the ARK Roundtable discussion, this policy was in consultation, but not yet approved by the Minister for Education). Whilst the key aims in the Priorities for Youth Strategy refer to the needs to improve participation, to develop young people's confidence, self-esteem and their aspirations, and to help every young person achieve their potential, there is no direct discussion of, or detail on, what role youth work could and should play in Northern Ireland in promoting positive mental health. The links that exist between flourishing mental health and the learning achievements of young people are not highlighted by the Policy. Yet, poor mental health

may present a vital clue to academic under-achievement, whilst building mental health is a tangible outcome which non-formal youth interventions can achieve, and which can then contribute to 'closing the performance gap' and 'increasing access and standards of education for all' - (two of DE's educational priorities). The principles underpinning the profession of youth work emphasise links between youth work, community development and social justice (complimentary to mental health approaches). Priorities for Youth has a restricted focus on the individual educational achievements, thereby limiting the Strategy's reach on this narrow view of youth work.

A NHS Health Scotland paper on effective interventions in mental health published in 2011 refers to youth work having 'a unique place in the promotion of mental health and wellbeing' through developing opportunities for young people to explore emotional and mental health issues and creating the opportunity for them to increase their skills, confidence and networks. Research evidence suggests that the current economic situation will result in more young people being vulnerable to mental health problems. The impact of the welfare reform policies, and in particular the impact of housing benefit changes, will reduce the financial and social security of some young people. While the need to improve young people's mental health has been recognised in a range of policy documents and strategies in Northern Ireland, the weight of policy is still very much on improving care and services for those experiencing mental health problems and on the prevention of mental ill health. There is much less policy emphasis or resources on the promotion of emotional and mental

health or tackling the root causes of mental health problems.

Assessment of policy and research

International evidence: systematic reviews of research and practice

There can be no doubt that effective services for those young people suffering from mental ill-health should be in place, however research evidence suggests that in the long run, this neither promises to be the best strategy for the improvement of young people's mental health, nor is this an economic use of resources. Two important systematic reviews of research literature substantiate this. Such systematic reviews of literature are regarded as best practice in academic research as they follow strict inclusion and exclusion strategies for reviewed studies and take a systematic rather than opportunistic or selective approach.

The educational argument

The first aforementioned systematic review focused on universal school-based interventions on mental health and was undertaken by Wells, Barlow and Stewart-Brown in 2003. The authors identified 8,000 studies on mental health interventions, 425 of which were of an academically sound enough quality to be considered further. Seventeen investigative interventions which were controlled trials were finally analysed. The evidence from this systematic review showed that positive effects of mental health interventions were achieved when a whole-school approach was adopted, when an intervention was implemented for at least one year and when the aim of the intervention was to promote good mental health rather than to prevent mental ill-health.

The economic argument

The second piece of evidence is Zechmeister et al.'s (2008) recent systematic review of literature which aimed to identify whether mental health promotion (MHP) or mental disorder prevention (MDP) is the most economically efficient strategy. Unlike the previous review by Wells et al., Zechmeister and colleagues also included studies which were not published in English. Their starting point for the systematic review was the understanding that one in four individuals living in developed countries experience mental health problems during their lifetimes and that the treatment costs of poor mental health account for between 3% and 4% of GDP in these countries (for example, 41.8 billion in England, with a total economic cost of 77 billion pounds annually in England alone, NMHDU, n.d.). But is this money well spent?

Zechmeister et al. identified 398 studies that sought to assess the economic value of MHP or MDP interventions. Fourteen of these studies met all inclusion criteria in terms of their academic rigour. The authors came to the conclusion that current available evidence suggests that early intervention programmes for children and adolescents showed the most favourable results and are worth financing.

Other studies investigated the cost-effectiveness of interventions. Beecham et al. (2010) assessed the impact and cost of mental health improvement programmes in four areas in the UK and found little evidence of demonstrable improvements in service quality, however, some changes in attitudes. In a paper for the Department of Health, Knapp, McDaid and Parsonage (2011) concluded that early

interventions present outstandingly good value for money. In a study undertaken on behalf of the Department of Health they showed that for each £1 invested in early social and emotional learning programmes, the return would be £83.73. This compares for example with a return of £43.99 for suicide training programmes for GPs or a £5.03 return for early diagnosis and treatment of depression at work (ibid, p.39).

The early intervention argument

Thus, together, these systematic reviews of literature alongside other studies undertaken clearly indicate that early and long-term MHP programmes for children and young people are not only most likely to yield the best outcomes, but are also most cost-effective. These programmes are most likely to be provided in both schools and the youth work sector. A population-based, youth focused model, explicitly integrating mental health with other youth health and welfare expertise is also proposed by Patel and colleagues (2003) who address mental health as a global challenge in one of the most often quoted articles on this issue. The authors argue that there is a strong case for mental health promotion services within youth-friendly settings where mainstream youth-oriented activities occur, such as sports and leisure pursuits. They go on to say that:

'The key to promoting youth mental health is through strengthening of the fundamental nurturing qualities of the family system and community networks while explicitly acknowledging the rights of young people.' (p.1310)

They conclude that the 'single most important recommendation [...] is the need to integrate youth mental-health interventions with all existing youth

programmes, including those in the health sector (such as reproductive and sexual health) and outside this sector (such as education).' (ibid)

Newman's What Works in Building Resilience? report produced for Barnardo's (2004) promotes a tiered approach to promoting resilience in children and young people. Whilst Newman is concerned with the prevention of children's exposure to risk (tier 1) and the interrupting of a negative chain reaction of negative events (tier 2), he is also promoting the enhancement of children's and young people's potential strength of protective factors, which focus on the provision of positive experiences, to enhance self-esteem and to develop positive relationships. According to Newman, peer mentoring, opportunities to engage in youth work activities and involvement of wider family members are measures that can help achieve this.

Issues discussed at the Roundtable

Perspectives by young men and young women

The Roundtable discussion opened with a presentation by young men and women from the Right Here Fermanagh and Young Men Talking projects. They presented a youth perspective based on information collated at an event attended by over 50 young people from Fermanagh, Tyrone and Armagh. Issues affecting the mental health of young men and young women were raised. For example, peer pressure is a significant influence factor for young people's behaviour and lifestyle, for example the pressure to drink alcohol, to smoke, to have a girl- or boyfriend, to have sex, to do well at school, to have a plan for the future etc. The pressure to be popular in class, which can be related

to the need to give in to peer pressures, affects mental health adversely, with outsiders and 'in-crowd' adding daily anxiety for many young people. One young man stated that 'young people get scared as they get picked on'. For urban young people, conflict and riots can add stress, while in rural areas isolation can negatively affect mental health. Family issues and the hiding of these issues causes persistent anxiety. Many young people identified suicide as a concern in their area.

Social media featured prominently, with many young people suggesting that social networking could offer support on issues affecting their mental health. This included ideas such as on-line support chat rooms, where young people can talk privately to a health professional and the suggestion that success stories of people who have accessed help before should be promoted more prominently. Concern was raised about the negative impact of intensive gaming on mental health and the limited extent to which young people who were victims of cyber-bullying accessed support mechanisms. The young people also emphasised the need to promote mental health positively through the media.

The young presenters highlighted initiatives which they believed addressed their needs. Among these were:

- Youth-led approaches, where young people design the approaches to best suit them.
- More youth groups providing spaces to talk and activities to improve well-being.
- Research where it is needed.
- Specialists in school to deal with mental health.
- Raise awareness of mental health

through PR campaigns targeting young people.

- Youth representatives to inform government on mental health issues and responses for young people.

Developing mental health skills and attitudes through youth work

Much of the Roundtable discussion focused on the potential for a youth work methodology to build the mental health of young people in ways that might compliment health professionals. Roundtable participants felt that these discussions are often polarising, with the value of youth workers pitted against that of teachers, counsellors or health professionals. However the discussion illustrated how the approaches of youth workers can work well for young people. Elements of significance include the adaptability of the worker, genuine warmth and care for young people, and the provision of space for young people to 'be' and to be heard. Youth work's assets-based approach, with strengths-building rather than viewing individuals as deficient, aligns well to mental health work which focuses on outcomes towards flourishing young people. The hope that 'Priorities for Youth' would include this educative and health promotion approach were also discussed. There was a concern among Roundtable participants that it would be a missed opportunity for the mental health of young people if this was not the case.

Multi-agency partnerships towards mental health of young people

Northern Ireland is a small region, with a large number of strategy documents and policies. There was a general feeling at the Roundtable that greater clarity and co-ordination was needed not only in policy terms, but subsequently in their implementation, and that this can only

be managed through a concerted effort to join up the work on these strategies. A shift in mental health services from crisis and risk management to the protection and promotion of mental health and wellbeing was encouraged by participants.

There was a consensus that multi-agency partnerships were required to improve the mental health of young people, however, it was felt that youth work was underrepresented in these partnerships - perhaps because the role of youth work in the promotion of positive mental health was often under-valued. In the subsequent discussion on these partnerships, youth services were seen as contributing to this situation due to shortcomings in articulating their work and outcomes clearly. Further comments suggested that youth workers have a poor record of attending meetings where strategic decisions are being made. On the other hand the partnership work which the Public Health Agency has pursued with the community and youth sectors was praised as a good example for the establishment of a long-term relationship and a deepening understanding of how different sectors can contribute in their own style.

Building flourishing young people across the region: Issues for policy makers and practitioners

1. The proposal by the DHSSPS to 'now link the development of the new mental health and wellbeing strategy with the new suicide prevention strategy – with the aim of publishing a single strategy in 2014' (RaISE – Tithe an Oireachtais, 2013) is welcomed and to be applauded in bringing coherence to mental

- health policy and implementation across the region.
2. There is no doubt that effective services are necessary for young people suffering from mental illness, however, research evidence suggests that this alone neither promises to be the best strategy for the improvement of young people's mental health, nor is this an economic use of resources.
 3. Mental health and well-being for young people requires a universal approach that shifts from reducing crisis and risk to positive interventions toward mental health. This requires a shift from emphasising suicide prevention strategies for young people towards strategies for developing flourishing young people.
 4. Additional mental health risk-factors exist for young women who have family caring responsibilities, who are unemployed, living in poverty and/or living in abusive situations. The need for joined-up services and information in these circumstances becomes even more acute. Mental health services and policies need to pay specific attention to 16-25 year olds with these additional risk factors.
 5. The urgency of a Sexual Orientation Strategy for Northern Ireland is palpable. Young people who identify as other than heterosexual face persistent mental health risk-factors, which require strategic support across the region.
 6. Mental well-being support in informal settings are accessible to and being currently used by young people. Policy and strategies should recognise that there is a role for mental health and well-being support to be given by those whom young people have build

- relationships and high levels of trust.
7. A multi-agency approach and partnership is needed and this should include statutory and voluntary youth work agencies. These structures are necessarily long-term and have greater efficacy if they are enshrined in policy or legislation.
 8. The role of youth work needs to be clearly articulated, in relation to community development, social justice and as a tool towards a growing flourishing youth population.

References

Beecham, J. et al. (2010) Cost and impact of a quality improvement programme in mental health services, *Journal of Health Services Research & Policy* 15 (2), 69–75.

Connolly, P Sibbett, C Hanratty, J Kerr, K O'Hare, L and Winter, K (2011) *Pupils' Emotional Health and Wellbeing: A Review of Audit Tools and a Survey of Practice in Northern Ireland Post-Primary Schools*. Belfast: QUB

Devaney, J. et al. (2012) *Still Vulnerable: The Impact of Early Childhood Experiences on Adolescent Suicide and Accidental Death*. Belfast: NICCY.

Department of Education (2012) *Priorities for Youth: improving young people's lives through youth work*, Bangor: DE.

Department of Education (2012) *Pupil Emotional Health and Wellbeing programme*. Bangor: DE -www.deni.gov.uk/index/support-and-development-2/pupils-emotional-health-and-wellbeing.htm accessed on 24/01/2014.

Department for Employment and Learning (2012) *Pathways to Success*, Belfast: DEL

DHSSPS (2012a) *Health Survey Northern Ireland: First Results from the 2011/12 survey*. Belfast: DHSSPS -Available from: www.dhsspsni.gov.uk/health_survey_northern_ireland_-_first_results_from_the_2011-12_survey.pdf

DHSSPS (2012b) *Fit and Well: changing lives 2012-2022*. Belfast: DHSSPS

DHSSPS (2012c) *The Northern Ireland Suicide Prevention Strategy (Refreshed) 2012-2014*. Belfast: DHSSPS

Friedli, L. (2009) *Mental health, resilience and inequalities*. Copenhagen: WHO. Available from: www.euro.who.int/__data/assets/pdf_file/0012/100821/E92227.pdf

Gray, A. M., Horgan, G. and Leighton, A. (2013) *Moving towards a Sexual Orientation Strategy*. ARK Policy Brief. Belfast: ARK. Available from www.ark.ac.uk/pdfs/policybriefs/pbso.pdf

Keyes, C. (2002) The Mental Health Continuum: From Languishing to Flourishing in Life. *Journal of Health and Social Behavior*, Vol. 43, No. 2, pp. 207-222. American Sociological Association.

Keyes, C. (2005) Mental Illness and/or Mental Health? Investigating axioms of the complete state model of health. *Journal of Consulting & Clinical Psychology*, Vol. 73, No. 3, pp.539-554. American Psychology Association.

Keyes, C. (2006) Mental Health in adolescence: is America's youth flourishing? *American Journal of Orthopsychiatry*, Vol. 76, No. 3, pp.395-404. Blackwell Publishing Ltd.

Knapp, McDaid and Parsonage (2011) *Mental Health Promotion and Mental Illness Prevention: the economic case*. Personal Social Services Research Unit, London School of Economics and Political Science. London: Department of Health

Murphy, H. and Lloyd, K. (2007) Civil conflict in Northern Ireland and the prevalence of psychiatric disturbance: a population study using the British household panel survey and the Northern Ireland household panel survey across the United Kingdom. *International Journal of Social Psychiatry*, 53: 5, 397 – 407.

Newman, T. (2004) *What Works in Building Resilience?* Essex: Barnardo's.

NHS Health Scotland (2011) *Mentally Healthy Infants, Children and Young People: principles for effective interventions*, Edinburgh: NHS Health Scotland

Northern Ireland Executive, *NI Programme for Government (2011-2015)*. www.northernireland.gov.uk/pfg-2011-2015-final-report.pdf

NISRA (2002), *Northern Ireland Health and Social Wellbeing Survey 2001, Mental Health and Wellbeing (Bulletin number 2)*, Belfast: Northern Ireland Statistics and Research Agency.

NMHDU (National Mental Health Development Unit) (n.d.) *Factfile 3. The costs of mental ill health*. London: NMHDU.

OFMDFM (2006) *Our Children, Our Young People - Our Pledge: a ten year strategy for children and young people in Northern Ireland 2006-2016*, Belfast: OFMDFM

OFMDFM (2008) *Lifetime Opportunities – Government’s anti poverty and social inclusion strategy for Northern Ireland*, Belfast: OFMDFM

OFMDFM (2011) *Improving Children’s Life chances – the Child Poverty Strategy*, Belfast: OFMDFM

Patel, V. et al. (2007) Mental health of young people: a global public-health challenge, *Lancet* 369: 1302–13.

RalSe – Tithe an Oireachtas (2013) *Positive Mental Health Strategies* – Briefing Paper for North-South Inter-Parliamentary Association. RalSe of the Northern Ireland Assembly and the Library & Research Service of the Houses of the Oireachtas.

Schubotz, D. (2010) *The Mental and Emotional Health of 16-year olds in Northern Ireland. Evidence from the Young Life and Times Survey*, Belfast: Patient and Client Council. Available from:

Wilkinson, R and Pickett, K (2010) *The Spirit Level*, London: Penguin

Zechmeister, I. et al. (2008) Is it worth investing in mental health promotion and prevention of mental illness? A systematic review of the evidence from economic evaluations, *BMC Public Health*, 8:20

NOTES:

The Young Men Talking Project is a partnership between YouthAction NI, the Rural Health Partnership and East Belfast Community Development Association and is funded by the Big Lottery.

Right Here Fermanagh is a partnership of 9 organisations - YouthAction Northern Ireland, Western Education & Library Board, Public Health Agency, ARC Healthy Living Centre, Oak Healthy Living Centre, Youth Council for Northern Ireland, Fermanagh District Council, Western Health & Social Care Trust and AMH New Horizons. Right Here is managed and funded through a partnership of the Paul Hamlyn Foundation and the Mental Health Foundation.

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