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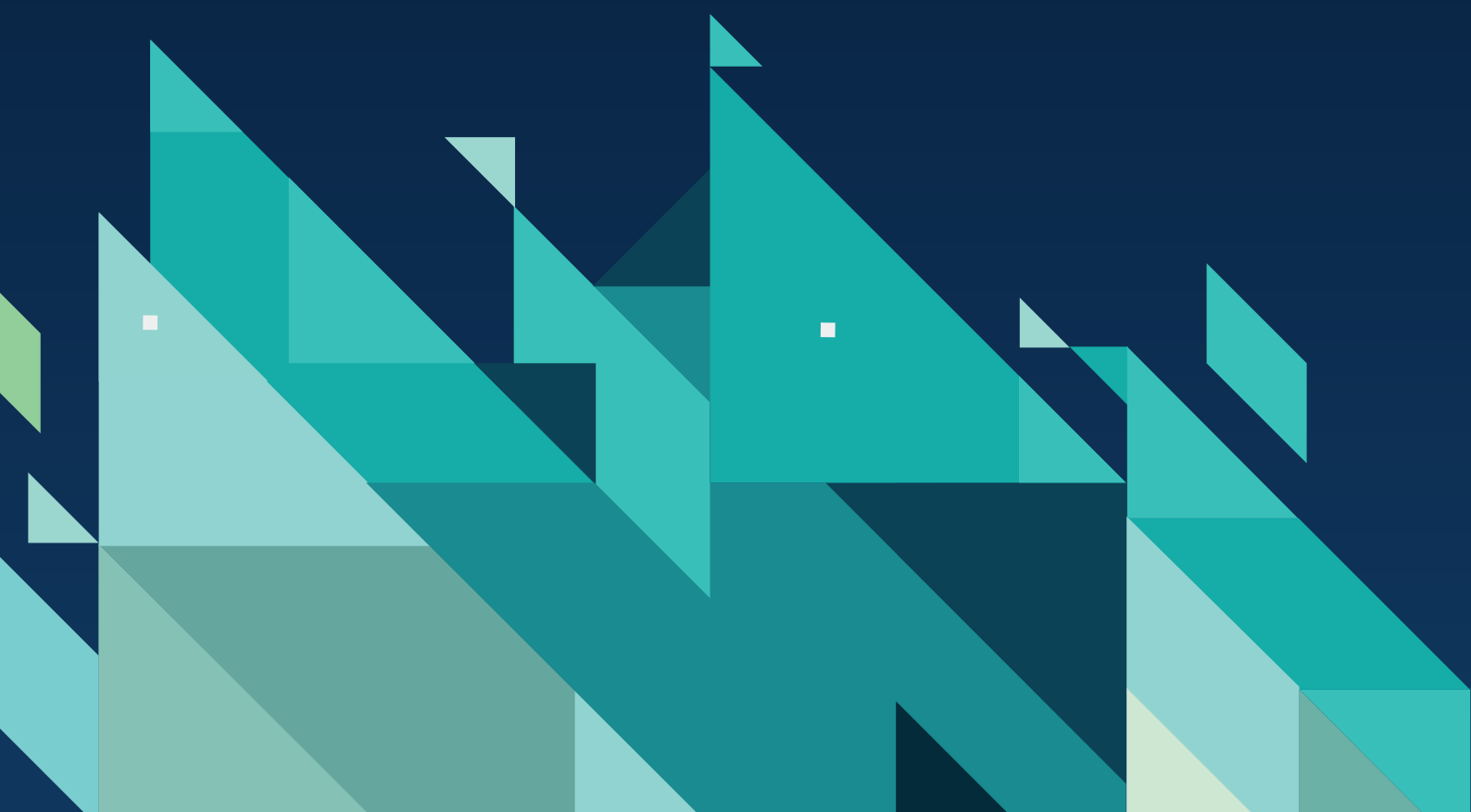
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# Supporting student wellbeing in school contexts: A narrative review

CAOIMHE DEMPSEY AND SELINA McCOY



# **SUPPORTING STUDENT WELLBEING IN SCHOOL CONTEXTS: A NARRATIVE REVIEW**

Caoimhe Dempsey

Selina McCoy

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## ABBREVIATIONS

AEDC	Australian Early Development Census
BC	British Columbia
CAMHS	Child and Adolescent Mental Health Service
CORC	Child Outcomes Research Consortium
CPD	Continuous professional development
DCU	Dublin City University
DSM-5	Diagnostic and Statistical Manual of Mental Disorders
DSWQ	Danish Student Well-being Questionnaire
EEF	Education Endowment Foundation
EIF	Early Intervention Foundation
EU	European Union
GUI	Growing Up in Ireland
HBSC	Health Behaviour of School-Aged Children
HSE	Health Service Executive
JMB	Joint Managerial Body – Secretariat of Secondary Schools
LGBTQI+	Lesbian, gay, bisexual, transgender, queer, intersex
MDI	Middle Years Development Instrument
NAPLAN	National Assessment Program – Literacy and Numeracy
NCCA	National Council for Curriculum and Assessment
NCSE	National Council for Special Education
NEPS	National Educational Psychological Service
OECD	Organisation for Economic Co-operation and Development
PISA	Programme for International Student Assessment
RSE	Relationships and Sexuality Education
SAMHSA	Substance Abuse and Mental Health Service Administration
SEN	Special educational needs
SPHE	Social, Personal and Health Education
UCL	University College London
UK	United Kingdom
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNICEF	United Nations Children’s Fund
US	United States
WHO	World Health Organization
YDI	Youth Development Instrument

## Executive summary

International and Irish studies have indicated negative trends in the mental health and wellbeing of young people over recent years. Indeed, the most recent wave of the Health Behaviour of School-Aged Children study shows that Ireland ranked 24 out of 36 countries on overall adolescent mental health. This is in stark contrast to Ireland's high rankings on adolescent academic and social skills (1st) and physical health (11th) within the study (Cosma et al., 2023).

In the face of these worrying trends, in many countries, including Ireland, there is a growing awareness that wellbeing is both an outcome and an enabler of learning, such that academic goals can only be addressed within the context of positive wellbeing. The psychosocial environment in schools is critical for fostering students' emotional and social wellbeing. Schools hold significant potential to promote wellbeing and mental health given their capacity to (a) reach diverse young people, (b) facilitate social connections and (c) host wide-ranging interventions. Indeed, children and adolescents themselves describe school as having a large impact on their wellbeing (ONS, 2020).

Ireland has made significant strides in promoting student wellbeing and mental health in schools in recent years. The Department of Education and Youth's approach to supporting both wellbeing and mental health in schools and educational contexts is set out in its Wellbeing Policy Statement and Framework for Practice (2018), and is evaluated at school level through the school self-evaluation process. However, despite these policy strides, significant concerns and disagreement remain regarding how best to promote and even monitor student wellbeing and mental health in school contexts.

Addressing this issue, the current review adopts a narrative approach to exploring how wellbeing and mental health are promoted and monitored in school contexts in Ireland and internationally. A broad range of literature underpins the findings presented, including quantitative and qualitative empirical articles, policy reports, government agency documents and publications from international organisations (e.g., UNESCO, OECD). Together these sources ensure a wide range of insights from various disciplines. The findings from this evidence base provide the basis for recommendations on how the Irish Wellbeing Policy Statement and Framework for Practice could be further developed.

## FINDINGS AND RECOMMENDATIONS

### Strengths of current approaches in Irish schools

- School culture and sense of belonging are central components of wellbeing promotion in Ireland. This is supported by a significant body of evidence indicating the key role these school factors play in supporting student



wellbeing and mental health. Culture, relationships and belonging should continue to play a central role in future school wellbeing discussions and plans, with a greater emphasis on equity, inclusion and diversity to address the reduced belonging reported by marginalised Irish student groups. These foundations can be more critical for students than the use of external programmes and speakers.

- Irish schools, particularly at the primary level, foster and support the foundation for students' wellbeing, such as physical activity, arts and play, and nutrition. The link between these areas and wellbeing should be clarified in policy and practice to ensure they are continually prioritised, and the infrastructure and resources provided for all schools to facilitate these contributors.
- Irish teachers and school staff understand the importance of student wellbeing and mental health and demonstrate the desire to be a positive influence for students beyond teaching the curriculum. Findings also indicate a general understanding of and buy-in to the whole-school approach to wellbeing promotion.
- Some Irish schools already have wellbeing leadership teams set up who are responsible for overseeing the wellbeing and mental health supports provided in the school. These structures are critical for successful school-level design, implementation and monitoring of wellbeing and mental health supports.
- Significant work has already been conducted to build cross-departmental awareness and action, such as collaborations with the HSE, the Sharing the Vision and Neart Wellbeing and Mental Health programmes, and the Cineáltas Action Plan on Bullying. Collaborations should be continued and further collaborations initiated, such as engaging with research teams and schools to conduct evaluations of current programme effectiveness in Ireland, including whether current supports meet the needs of diverse subgroups of students and school contexts.
- The Department of Education and Youth (DEY) has prioritised wellbeing as a focus in the school self-evaluation process; ensured an increase in the allocation of guidance counsellors in schools; increased curricular time for wellbeing at both primary and post-primary levels; and introduced mandatory SPHE curricula and initiatives such as the Neart post-primary initiative and the primary counselling and mental health pilots.

### **Areas for development in current approaches in Irish schools**

- Develop the clarity needed to distinguish between supports for student wellbeing and targeted support for complex mental health needs and difficulties. To ensure time, money and effort are being effectively channelled into supporting the needs of students in schools, mental health and wellbeing should not be conflated in national policy. Particular emphasis should be

placed on understanding the needs of marginalised students and students with complex special educational needs. Efforts should be targeted to these students to ensure equity in mental health and wellbeing supports in schools.

- Involve children and young people in a meaningful way in the development and delivery of school- and class-based mental health and wellbeing support at government, agency (e.g., Oide, NCSE, Jigsaw), regional and school levels to ensure policy and practice address the needs of students. This student-led approach should span the entire cycle of wellbeing supports and be underpinned by equity and inclusion by involving students with diverse needs.
- Embed mental health supports and services in school settings, as appropriate. This could support teachers in identifying students requiring additional supports and addressing complex needs.
- Increase the content on wellbeing and mental health in teacher initial education and professional learning to promote teacher self-efficacy, mental health literacy and commitment to supporting student wellbeing and mental health.
- Consolidate and ensure the accessibility of available resources being used by schools for wellbeing and mental health promotion and evaluate the effectiveness of current programmes to meet the needs of students. Ensure evidence-based approaches to wellbeing promotion in schools. The outcomes of forthcoming evaluations of Counselling and Mental Health in Primary Schools pilot and the Neart programme will contribute to this.
- Build awareness and engagement with parents, including developing an understanding of the potential barriers in home–school attitudes, and create opportunities for community-based collaborations.

### **Future directions for measuring and monitoring student wellbeing and mental health in Irish schools**

- Provide schools with more developed guidance on how to conduct measurement and monitoring of student wellbeing and related constructs. Central to this guidance should be how to adopt robust measures and ensure they are relevant to the school context without altering anything within the measure that might compromise the quality of the data or their generalisability. This should be integrated into guidance for schools on school self-evaluation processes.
- Provide schools with guidance on how to begin with clear goals for data collection. These goals could be: to provide a snapshot of all students' wellbeing and mental health in each school context, to evaluate the impact of a particular school-based initiative or wellbeing-related process, or to analyse differences in the wellbeing and mental health of subgroups of students, for example, based on demographic characteristics.

- Ensure tools and methods used in the measuring and monitoring of student wellbeing and mental health are robust and comparable to provide high-quality, useful data that are reliable, valid and appropriate for students' developmental age. Moreover, using consistent measurement tools and methods will greatly facilitate the ability to situate data collected on Irish students' wellbeing and mental health in the wider context.
- Involve students in decision-making regarding the purpose of any proposed data collection. This should include the design and approach taken, as well as decisions on who has access to the data collected, how data are shared and analysed, and how the results are used to inform future practices and policies in the school. Furthermore, whether and how findings will be shared with the school body including students and families should be clearly defined at the outset.
- Partner with universities, research institutes and health services so as to greatly enhance the quality of data collected and how they are used to stimulate change. The case studies outlined in this report provide compelling examples of the value of partnering with universities, research institutes and health services to monitor and evaluate student wellbeing and mental health and related supports in school settings. Such partnerships should be considered when the monitoring of student wellbeing is being developed in Ireland.
- Develop a culture of monitoring the evaluation and impact of external programmes used in schools. Currently, Irish schools have autonomy to decide on initiatives and programmes. The Department of Education and Youth should provide information on the programmes available to schools, including the key components targeted by the programme, the extent of the programme's evidence of impact, whether this relates to any subgroups of students, etc. Providers of external programmes should be encouraged to commission independent assessments of their impact and share these findings.
- Decide and clarify with stakeholders the approach to collecting data on student wellbeing, specifically, what the goals of any new national data collection are, compared to the goals of school self-evaluations. For example, a national annual survey may be used to track long-term trends in Irish students' wellbeing and related constructs, whereas school self-evaluations are used to inform changes in the nature and target of supports provided. Where possible, national data should be collected in collaboration with other policy areas, such as a national bullying database for Cineáltas.

## CHAPTER 1

### Introduction

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Rising youth mental health and wellbeing difficulties have been documented in several countries over many years. Globally, between 10 and 20 per cent of adolescents are estimated to experience mental health difficulties (UNICEF, 2023; WHO, 2018), a statistic which has significantly increased in recent years (Högberg et al., 2020). Indeed, one indicator from the UK suggests a 50 per cent increase in youth mental health difficulties over three years, highlighting longer-term trends as well as the impact of the pandemic (Good Childhood Report, 2022). Children and young people who experience mental health and wellbeing problems are at greater risk of long-term negative outcomes such as persistent mental illness, poorer educational outcomes, social withdrawal and poor psychosocial functioning (Clarke & Lovewell, 2021; Johnson et al., 2018). Associations with these negative outcomes are not limited to those with clinical diagnoses, but apply also to those with mild-to-moderate or subclinical symptoms. For example, subthreshold depression in adolescence is associated with impaired functioning, school exclusion and greater risk of later development of depression (Cuijpers et al., 2021; Parker et al., 2018; Balázs & Keresztény, 2014).

Understanding the causes of these trends is problematic. While there is a growing focus on links between the digital lives of children and adolescents and their wellbeing, studies are often based on correlative data with few longitudinal or experimental studies that establish causation. Further, there is a notable absence of studies which successfully disentangle the effects of different types of smartphone/social media usage – separating learning/educational uses from recreational uses, for example (McCoy & Marcus-Quinn, 2025). The challenge of measuring wellbeing and mental health, and the use of a wide variety of self-report measures, further complicate current understanding. Policymakers and experts are increasingly using a broader lens in looking at these issues. Arguing for sociological framing, Görlich et al. (2024) point to societal frameworks linked to acceleration, performance and psychologisation to understand the wellbeing of young people. Acceleration relates to experiencing life at a high pace. Performance is linked to grades and performing well academically, and to social performance and gaining social recognition. Psychologisation relates to understanding moral, political and social categories as psychological phenomena related to mental health or self-development. Using a social-analytical lens of ‘diagnosis of the times’, they show how young people’s subjective everyday life experiences of wellbeing and wellbeing struggles must be understood as interlinked with broader societal frameworks and expectations. There has also been increasing focus on Whole Education Approaches to support effective planning, policy and provision for student wellbeing (Kenny, McCoy & O’Higgins-Norman, 2023). In this work, incidences of bullying are conceptualised as indicative of a deficit of care and support within the surrounding social environment, thus adopting an ecological

and relational focus regarding bullying prevention (ibid., 2023; McCoy et al., forthcoming). Hence, a narrow, stand-alone perspective on addressing student mental health and wellbeing in school misses both the wider ecological and societal context and the eco-system of the school, which is central to students' daily experiences and wellbeing (Cefai et al., 2021).

Regardless of cause, worsening mental health and wellbeing among children and young people is a growing burden, and international estimates indicate that the availability of quality mental health care is not keeping up with the demand (Courtney et al., 2020; Young, 2020). Moreover, treatment alone is insufficient to address mental health and wellbeing; modelling has shown that improving access to and quality of mental health treatment would only alleviate 28 per cent of the youth mental health burden in Australia (Andrews et al., 2004). Instead, upstream prevention approaches are also essential to tackle mental health and wellbeing difficulties at the youth population level (Dopp & Lantz, 2020; Werner-Seidler et al., 2021). Prevention of mental health difficulties and wellbeing promotion are ideally delivered before the onset of negative symptoms. Approximately half of all mental health disorders first emerge before the age of 14 (Kessler et al., 2007), which means that delivery to children and adolescents is vital. Encouragingly, adolescents who engage in support are more likely to experience a reduction in negative symptoms (Neufeld et al., 2017). Early intervention approaches are either universal to a whole group, or targeted towards those with increased risk factors (selective prevention) or showing subthreshold symptoms (indicated prevention; Werner-Seidler et al., 2021). These approaches aim to reduce the occurrence of new cases of mental difficulties and the risk of disorder onset.

In the face of these challenges and worrying trends, there is an increasingly urgent call internationally for schools to acknowledge the growing awareness that wellbeing is both an outcome and an enabler of learning, such that academic goals can only be addressed within the context of positive wellbeing (WHO, 2020). Children navigate critical periods of social, cognitive and emotional development during their school years, and the link between mental health and academic achievement is well established (Gustafsson et al., 2010). Schools have long been advocated to function as a primary mental health support system for students, including promotion, prevention, intervention and rehabilitation (WHO, 2014; 2017). The WHO's Global School Health Initiative (WHO, 2020) emphasises the importance of the psychosocial environment in schools for fostering emotional and social wellbeing. Schools provide formal and informal support to children and young people through the provision of education, prevention efforts, early interventions and referrals to specialist services (Hoover & Bostic, 2021). The potential for schools to promote mental health is based on their capacity to (a) reach diverse young people, (b) facilitate social connections and (c) host wide-ranging interventions (Ross et al., 2017; Marinucci et al., 2022). Children and adolescents themselves describe school as having a large impact on their wellbeing (ONS, 2020). Furthermore, some of the barriers to seeking mental health support,

such as stigma and difficulties accessing services, can be reduced in the school environment (Stephan et al., 2007).

In this context, the current review aims to provide an overview of the current rates of youth mental health and wellbeing in Ireland and current approaches to promoting mental health and wellbeing in Irish schools. After this, the report turns to examine international approaches to promoting wellbeing and mental health in school contexts, and garner learnings from this evidence base that can be used to further develop the Irish Wellbeing Policy Statement and Framework for Practice. A key focus of this review is the measurement and monitoring of students' mental health and wellbeing in schools, and how this can be implemented in Ireland in the future. The report concludes with recommendations for how to develop the Irish Wellbeing Policy Statement and Framework for Practice in light of the national and international literature reviewed.

## CHAPTER 2

### Methodology

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This narrative review, conducted on behalf of NEPS, explores how wellbeing and mental health are promoted in school contexts. Narrative literature review methodologies are commonly used in both academic (Chigbu et al., 2023) and policy (Parsons et al., 2004) fields. This approach involves a broad literature search from academic databases, grey literature and non-academic sources, ensuring a wide range of insights from various disciplines. Our search of academic databases includes both quantitative and qualitative empirical articles, theoretical articles, books, book chapters, editorial contributions and conference presentations if relevant. Our search of grey literature includes policy reports, policy analysis, government agency documents, publications from international organisations (e.g., UNESCO, OECD) and statements from national non-government and stakeholder organisations.

The literature search was conducted on scientific repositories including Google Scholar, Web of Science, Scopus and PsycINFO between February and July 2025. Organisational repositories were also used, such as the European Union repository. Date restrictions were not employed in the literature search; however, a particular emphasis of the review is on current approaches. A broad set of search terms allowed us to capture potentially culturally variant constructs which show substantial conceptual overlap. We searched for the defined terms in titles, abstracts, heading words, tables of contents and key concepts within publications. Example search terms include: 'school\*wellbeing'; 'school\*mental health'; 'school\*socio-emotional learning'; 'education\*wellbeing'; 'wellbeing promotion\*educator'; 'wellbeing\*teacher training'. To supplement our search and identify missing relevant publications, we screened the reference list of included publications and used citation-tracking searches to find subsequent work relevant to our included publications.

We included publications in our review if they met the following criteria. Wellbeing and/or mental health are a key component of the initiative, policy or study. The work is in the context of the school environment, though this could be alongside engaging with the home or community contexts. The focus is on child and youth wellbeing and mental health, though the wellbeing and mental health of others, such as teachers or school staff, can also be a concurrent focus. The peer-reviewed work included in the review met a high level of scientific rigour: for quantitative papers this was judged by the sample size; whether the measures used were standardised, had been validated and their reliability tested in previous studies; and the methodology adopted. For qualitative papers rigour was assessed by sound adherence to qualitative methodologies, both in terms of data collection and analysis approaches. Papers from Q1 and Q2 journals were considered, and this standard was applied consistently for qualitative and quantitative studies.

More recent publications were prioritised given the focus on evaluating current practices and policy. While these metrics were not relevant for all the grey literature included, these sources were evaluated and included on the basis of their provision of sufficient contextual information, such as student age, school environment, complexity of wellbeing or mental health issues being addressed, etc., to understand and incorporate the information within the wider review.

We adopted a case study approach to understanding how different countries support wellbeing at school and evaluate programme impact. The goal was to identify learnings from this evidence base that can be used to further develop the Irish Wellbeing Policy Statement and Framework for Practice. Our country selection was guided by two considerations: we sought to include countries which have a strong history of wellbeing promotion at school, and countries which have provided leadership on the measurement of wellbeing and programme evaluation. An initial scoping of the literature and communication with experts at the European Commission led to the identification of three non-EU case studies (UK, Australia and Canada) and one EU case study, Denmark, which is seen as a leader in wellbeing policy in recent years. The UK has a long-standing tradition of rich and detailed administrative data on students, and a policy focus on wellbeing promotion at school for over a decade, including a focus on making evidence more accessible for schools. Over several decades, Australia has been systematically promoting wellbeing in schools, understanding the important link between health and education, and placing particular emphasis on translating policy into practice. For over two decades, a Pan-Canada Consortium has been instrumental in supporting the health and wellbeing of students. The province of British Columbia has been particularly innovative in terms of policy and curriculum changes to promote student social and emotional wellbeing and promote safe and caring schools, so we focus much of our attention here. Finally, Denmark is seen as a leader in the EU, having implemented rigorous wellbeing surveys for all students, established a Wellbeing Commission in 2023 and issued detailed recommendations in 2025.



## CHAPTER 3

### Definition and prevalence rates of youth wellbeing and mental health in Ireland

This chapter examines definitions of wellbeing and mental health, beginning with the historical origins of the terms and moving on to current day usage. Prevalence rates over time are then considered, with declining youth wellbeing and rising mental health difficulties documented across many countries, including Ireland. Greater risks are noted for some groups of young people, depending on gender, socio-economic background, disability status, migrant status and sexual orientation, providing a more granular understanding of prevalence patterns.

#### 3.1 DEFINING WELLBEING AND THE DANGERS OF CONFLATING WELLBEING AND MENTAL HEALTH IN EDUCATIONAL POLICY AND PRACTICE

The terms wellbeing and mental health are often used interchangeably by education practitioners (Norwich et al., 2022) and students themselves (Clarke, 2023). However, the two psychological constructs are theoretically and operationally distinct (Thapar et al., 2021; Devine et al., 2025), and it is crucial that this distinction is understood and reflected in educational policy and practice. Hence, before examining international approaches to monitoring and evaluating mental health and wellbeing, evidence on the differentiation of these constructs will first be presented.

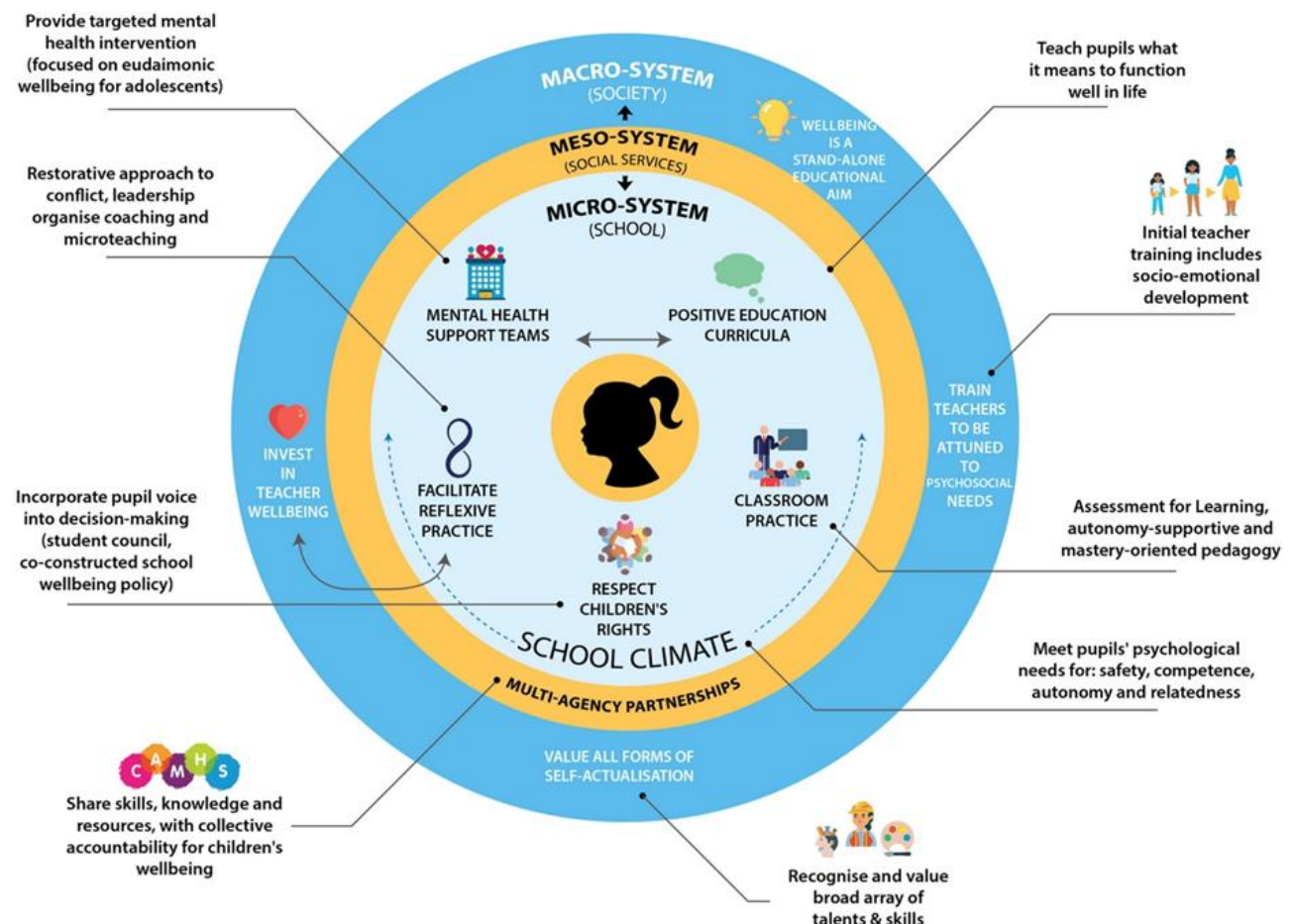
To understand their distinctness, it is first useful to compare the theoretical origins of mental health and wellbeing, respectively. The former dates back to twentieth century psychiatry (Bertolote, 2008), which aimed to provide care for individuals with mental ‘disorders’, later inventoried in the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) (APA, 2000). The latter, though its ideological roots date back to Greek philosophy (Kristjánsson, 2013), arose from the more recent positive psychology movement (Seligman & Csikszentmihaly, 2000), which sought to shift attention from pathologising individuals to focus on human ‘thriving’. Empirical evidence indicates a moderate correlation between adolescents’ self-reported wellbeing and mental health ( $r = -0.48$ ) (Lereya et al., 2022) and suggests increases in mental health difficulties in adolescence co-occur alongside declines in wellbeing (Yoon et al., 2022). Such evidence supports the dual continuum model of mental health (Keyes, 2002), positioning mental health and wellbeing on separate but overlapping continua, as opposed to opposite ends of the same continuum. The implication of Keyes’ dual continuum model is that individuals may experience low wellbeing without a mental health condition, just as individuals may experience high wellbeing with a mental health condition (Sharpe et al., 2016). To ensure the wellbeing of all students, regardless of mental health status, practitioners underline the need to both treat symptoms of mental illness and actively nurture wellbeing (Lereya et al., 2022; Norwich et al., 2022).

Having distinguished between mental health and wellbeing, the definition and conceptualisation of wellbeing itself also warrants detail. Various definitions of wellbeing are used in educational policy and practice, which creates difficulty for those trying to provide meaningful supports and measure their impact. While psychologists continue to debate what wellbeing constitutes (Kashdan et al., 2008), two core facets have received significant empirical attention: hedonia (‘feeling’) and eudaimonia (‘functioning’) (Huppert et al., 2009; Huppert & So, 2011; Ryan & Deci, 2001). The first, ‘feeling’, refers to the hedonic tradition of subjective wellbeing (SWB), which concerns individuals’ momentary happiness. SWB is theorised as combining a triad of experiences: the ‘absence’ of negative emotions, the presence of positive emotions, and one’s overall life satisfaction (Diener, 2000). By contrast, ‘functioning’ refers to the eudaimonic tradition of psychological wellbeing (PWB), which alternatively theorises the process of becoming self-actualised and competent (European Social Survey, 2011) through developing a sense of purpose in life, identifying and exercising one’s unique talents (Waterman, 2013). Feelings are momentary, while functioning is more stable. Together, these two constructs constitute wellbeing (Clarke et al., 2025).

Educational research on student wellbeing typically neglects the multidimensional nature of wellbeing, often conceptualising wellbeing as life satisfaction and using a unidimensional measure, neglecting eudaimonia (Clarke et al., 2025). Furthermore, studies that do include multidimensional measures of wellbeing often amalgamated the constructs in analyses without examining hedonia and eudaimonia differences (e.g., Morinaj & Hascher, 2022), making it difficult to understand how these constructs are differentially supported by school processes. However, educational studies that do differentiate between hedonia and eudaimonia show important distinct patterns. In adolescents, eudaimonia at school (the extent to which students felt successful, confident and good about themselves) was significantly associated with educational outcomes, whereas hedonia (feeling things were fun, energetic and energised) was not associated with educational outcomes (Clarke et al., 2025). This pattern is supported by wider research indicating a heightened salience of eudaimonia during adolescence (Casas & González-Carrasco, 2021; Ferrari & Ljiljana, 2010). By contrast, in early childhood, hedonia may be more central in promoting positive educational outcomes. In the first years of primary school, children typically report high ratings of hedonia (e.g., happiness in school) and this variable is a stronger predictor of subsequent educational outcomes than concurrent ratings of eudaimonia (academic self-concepts) (Dempsey et al., 2024; Clarke & McLellan, 2024). Moreover, how schools contribute to students’ hedonia and eudaimonia is also inextricably linked with emphasis on performance in the school culture, as is clear from the above UK studies and the Irish context. In both countries, students are highly and primarily rewarded for their performances in high-stakes examinations (McCoy and Byrne, 2024). This can breed a fixation on academic attainment and competition which risks undermining wellbeing and whole-child approaches to education (Hargreaves et al., 2022; Clarke & Platt, 2023). Importantly, this

performative school culture may contribute differently to students' hedonia and eudaimonia, and this is missed in studies adopting unidimensional measures of wellbeing.

The importance of robust measurement of wellbeing is further emphasised in the policy implications of the above nuances. Clarke et al.'s (2025) findings indicate that, during adolescence, the most fruitful pathways to support student wellbeing include identifying and honing students' talents and interests at school; helping students recognise their strengths and set personal development goals; and fostering feelings of self-competence and agency in their learning. By contrast, during childhood, hedonia should be prioritised via promoting students' positive affect and satisfaction at school through school climate and interpersonal relationships (Dempsey et al., 2024). Overall, school wellbeing practices must target wellbeing through pathways with the most developmental significance. Furthermore, performative school culture can create a tension between schools' responsibilities to care for children's wellbeing and to ensure they achieve increasingly high academic standards. Clarke et al. (2025) presented the following overview of key considerations for school leaders seeking to implement whole-school approaches to wellbeing (based on a UK sample).

**FIGURE 3.1 CLARKE ET AL. (2025) KEY COMPONENTS OF A 'WHOLE-SCHOOL' APPROACH TO WELLBEING**

Source: Clarke, T., McLellan, R., & Harold, G. (2025). Beyond life satisfaction: Wellbeing correlates of adolescents' academic attainment. *School Psychology Review*, 54(1), 31–50. <https://doi.org/10.1080/2372966X.2023.2217980>

Notes: This framework was developed based on data collected on a UK sample.

### 3.2 CURRENT DATA ON THE WELLBEING AND MENTAL HEALTH OF CHILDREN AND YOUNG PEOPLE IN IRELAND

Declining youth wellbeing and rising mental health difficulties have been documented in several countries, and Ireland is not exempt from this. Studies have shown increased feelings of depression and anxiety are apparent among young people in Ireland (Dooley et al., 2019). While systematic large-scale data on youth mental health and wellbeing are scarce in Ireland, existing evidence does suggest rising mental health and wellbeing problems prior to, during and since the COVID-19 pandemic. The MyWorld surveys<sup>1</sup> show that between 2012 and 2018/2019, the proportion of adolescents aged 12–18 with severe depression (8 per cent to 15 per cent) and anxiety (11 per cent to 22 per cent; Dooley et al., 2019) roughly doubled. Comparing the age 13 cohorts of GUI born in 1998 and 2008, the latter cohort showed a 2.5 per cent increase in parent-rated mental health difficulties (Williams et al., 2018; GUI, 2023). Other sources show similarly declining wellbeing and

<sup>1</sup> The MyWorld 2018/19 study consists of data from over 19,000 young people, including 10,459 attending 83 second-level schools and 314 attending Youthreach. The 2012 study consisted of 14,000 young people, including 6,085 students at second level (Dooley et al., 2012).

increasing mental disorder symptoms in recent years (Silke et al., 2024; Lynch et al., 2023). The National Suicide Research Foundations also reports that the age of onset of self-harm is decreasing (Griffin et al., 2018). The COVID-19 survey conducted by GUI indicated that more than one in five 12-year-olds were in the 'low mood' group (GUI study team, 2021), and the Planet Youth study<sup>2</sup> of 15–16-year-olds in 2021 reported that over a quarter of participants described their mental health as 'bad' or 'very bad' (Dooley et al., 2024).

Looking first at youth wellbeing, data from the Health Behaviour of School-Aged Children (HBSC) study show negative trends across the 45 participating countries. The most recent wave of HBSC data, collected in 2022<sup>3</sup>, indicate young people have poorer mental health and wellbeing than in previous waves (Lunney et al., 2025). In Ireland, reports of high life satisfaction decreased across all age groups since 2018, ranging from a 6 per cent drop in 10–11-year-olds, to a 9 per cent drop in 12–14-year-olds and a 13 per cent drop in 15–17-year-olds, resulting in only 51 per cent of this age group reporting high life satisfaction. Across all age groups, this change since 2018 has been the largest recorded by HBSC since the first reports in 2002 (Lunney et al., 2025). Furthermore, these decreases now see Ireland ranked 44th out of 45 participating countries for 15-year-olds' ratings of high life satisfaction. Similar trends are seen in reports on how happy children feel about their life at present and how often they have experienced feeling low in the last six months. A recent UNICEF report examining life satisfaction ratings in a more age-specific sample of 15-year-olds collected in the 2022 PISA study (OECD, 2022) shows somewhat contradictory results, indicating a stable number of adolescents with high life satisfaction from 2018 to 2022 (UNICEF, 2025). However, in line with the HBSC data, Ireland ranked low (24 out of 36 countries) on adolescent mental health (indicated by life satisfaction and suicide rates at 15 years old; UNICEF, 2025). This is in stark contrast to Ireland's high rankings on adolescent academic and social skills (1st) and physical health (11th).

Turning to rates of youth mental health, monthly Child and Adolescent Mental Health Service (CAMHS) referrals (representing 12.7 per cent of all youth under 18) significantly increased during the COVID-19 pandemic (McNicholas et al., 2021). A higher proportion of referrals to CAMHS were deemed urgent and resulted in increased onwards referral to specialist services such as in-patient and hospital-based paediatric services. In 2020, 7.5 per cent of CAMHS patients were transferred on to specialist services, double the rate of 3.4 per cent in 2019 and higher than prior national averages (4.5 per cent; McNicholas et al., 2021). Clinicians report increasing referral complexity, with a higher proportion of suicidal

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<sup>2</sup> Planet Youth, a cross-sectional survey of adolescents (N=4,404), mostly aged 15–16 years, was conducted between September and December 2021. Participants were recruited from 40 schools and non-traditional educational centres across three regions in Ireland, one predominantly urban (North Dublin) and two predominantly rural (Cavan, Monaghan) (Dooley et al., 2024).

<sup>3</sup> The 2018 HBSC study is based on a survey of 15,557 children aged 8–18 years from a representative sample of 255 primary and post-primary schools (Költő et al., 2020).

ideation and eating disorders. Referrals to the eating disorder family-based treatment team within the Lucena service increased from 19 in 2019 to 42 in 2020 (McNicholas et al., 2021). Other studies have also shown that Ireland continues to have elevated rates of youth suicide by international standards (Lynch et al., 2024). However, on a more positive note, significant progress has been made in reducing national incidence of suicide and self-harm, with a 28 per cent reduction from 2000 (12.9 per 100,000) to 2021 (9.2 per 100,000; Department of Health, 2025). The recent UNICEF Report on Child Wellbeing confirmed this trend, showing a small decrease in suicide among 15–19-year-olds in Ireland from 2018 to 2022 (UNICEF, 2025).

Several groups are at a heightened risk of poor mental health and wellbeing. Firstly, both mental health and wellbeing are socio-economically stratified. Low socio-economic status children and adolescents are two to three times more likely to develop mental health problems, with the gap particularly large in early-to-middle childhood (Reiss, 2013). Adolescents from more affluent families also report higher life satisfaction than their less affluent peers (Zaborskis & Grincaite, 2018). Secondly, data from GUI show girls are more likely to show emotional difficulties at both 9 years (Nixon, 2012) and 13 years (Nixon, 2020), and girls show both a greater decline in life satisfaction and an increase in mental health difficulties than boys during adolescence (Molcho et al., 2021). Similar gender gaps are shown in the MyWorld Survey data, with a 12 per cent difference in depressive symptoms and 13 per cent difference in anxiety between girls and boys in Ireland (Dooley et al., 2019). Data from the HBSC survey in 2022 also indicate that the COVID-19 pandemic has further increased these socio-economic and gender differences in mental health and wellbeing (Cosma et al., 2023). Migrant and refugee young people in Ireland are also more likely to have reduced wellbeing and increased risk of suicidal thoughts (McMahon et al., 2017; Martin & Marouda, 2021), with differences further exacerbated by the COVID-19 pandemic (Smyth et al., 2024). While data on the mental health and wellbeing of young Irish Travellers are particularly scarce, this group accounts for 10 per cent of the national young adult male suicide statistics, despite Irish Travellers constituting less than 1 per cent of the Irish population (McKey et al., 2022). Finally, students with special educational needs consistently show reduced subjective wellbeing, and school experiences play a significant role in explaining these group differences (Dempsey & McCoy, 2025a). Indeed, having an SEN is associated with poorer peer relations, engagement and wellbeing at school, and increased likelihood of experiencing bullying at school (McCoy & Banks, 2010; Banks et al., 2016; McCoy et al., forthcoming).

Another group particularly vulnerable to mental health and wellbeing difficulties are lesbian, gay, bisexual, transgender, queer, intersex (LGBTQI+) young people in Ireland. A recent national survey was conducted on the mental health of LGBTQI+ people in Ireland involving 1,191 participants aged 14 to 18 years (Higgins et al., 2024). With consideration for potential selection bias due to the convenience

sampling approach, results indicated worryingly elevated rates of mental health problems among LGBTQI+ youth: among 14–18-year-old participants, 50 per cent had experienced severe depression, 66 per cent had experienced severe anxiety, 72 per cent had self-harmed and 77 per cent reported suicidal thoughts (Higgins et al., 2024). These rates are three times higher for severe depression, anxiety and self-harm and twice as high for suicidal thoughts than national youth averages in the My World Survey 2 (Dooley et al., 2019). These figures are worse than the previous national survey of LGBTQI+ people in Ireland (Higgins et al., 2016), with a 17 per cent increase in severe depression and 30 per cent increase in severe anxiety, but no significant change in self-harm, suicidal thoughts or suicide attempts. The study also examined the wellbeing of LGBTQI+ people in Ireland and indicated lower wellbeing than national and international levels on scales of happiness (6.13 out of 10) and self-esteem (26.77 out of 40; Higgins et al., 2024). These elevated difficulties likely reflect the many forms of prejudice, harassment and discrimination faced by LGBTQI+ youth, like many other minority groups in society, which can have a negative impact on mental health (Higgins et al., 2024). Furthermore, young people who are marginalised across multiple identity markers, such as race and gender identity, can experience compounding effects of this intersectionality, which further heightens their risk of complex mental health difficulties and reduced wellbeing (e.g., Noone et al., 2018; Heising, 2022).

While these negative trends in child and youth mental health and wellbeing are worrying, they are also evident internationally. Young people around the world face many challenges, and studies have shown that the acceleration of climate change, migration, economic and political instability and war are having profound effects on youth health and wellbeing (Cosma et al., 2023). These global events have huge effects on young people's daily lives. The COVID-19 pandemic also significantly changed the way children and young people live their lives. An abundance of research shows that the COVID-19 pandemic resulted in cancellation of milestone events, a loss of routine, stressful homeschooling, lack of freedom and increased loneliness among children and young people in Ireland (O'Sullivan et al., 2021). It is also worth noting that increased awareness and recognition of mental health have been hypothesised to contribute to rising prevalence rates (Foulkes & Andrews, 2023). Awareness may lead to more accurate reporting of under-recognised symptoms, but reporting of milder distress as problematic may exacerbate and lead to an increase in symptoms in a cyclical, intensifying manner (Foulkes & Andrews, 2023).

## CHAPTER 4

### Wellbeing and mental health policies, programmes and initiatives in Ireland

The Department of Education and Youth's approach to supporting both wellbeing and mental health in schools and educational contexts is set out in its Wellbeing Policy Statement and Framework for Practice (2018). The Wellbeing Policy aims to support educational institutions to promote wellbeing education and recognise wellbeing as a priority, and is founded on research and best international practice in relation to how schools can best support the wellbeing and mental health of children and young people. According to the policy statements, it prioritises creating safe and supportive environments in schools that are welcoming and inclusive for every student, and promoting emotional wellbeing, resilience and positive coping skills that support children and young people to manage the complexities of modern life. The Framework aimed to provide guidelines for schools in the more formal development of their wellbeing practices. The Framework promotes a whole-school approach to wellbeing through the four key areas of Culture and Environment, Curriculum, Policy and Planning, and Relationships and Partnerships. Conflating the concepts of mental health and wellbeing, no distinction between the two is made in the Framework; rather, one continuum of support that includes three tiers (support for all, support for some and support for few) is used to highlight differing complexity of needs across students. The Department of Education and Youth requires schools to conduct school self-evaluations on wellbeing, with all schools required to have engaged in this process by 2025 (Department of Education, 2018). This is further reflected in the recent inclusion of specific wellbeing evaluations in the work of the Inspectorate (Department of Education and Youth, 2025).

The Department of Education and Youth's National Educational Psychological Service (NEPS) supports school-based mental health and wellbeing provision in several ways. NEPS offers a support and development programme to help enhance school systems, maximise a whole-school approach to creating inclusive school environments, and build school capability to provide evidence-informed prevention and early intervention support as part of the Continuum of Support framework<sup>4</sup>. For example, NEPS offers training and guidance for teachers in the provision of universal and targeted evidence-informed approaches and early intervention for both mental health and wellbeing, including social and emotional resilience programmes; the FRIENDS Resilience anxiety prevention programme; school staff Trauma Informed Practice training; a critical incident online course; cultural and linguistic diversity training; webinars on topics such as welcoming and meeting the needs of international children, and dealing with reluctant attendance

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<sup>4</sup> NEPS: <https://www.gov.ie/en/department-of-education/services/national-educational-psychological-service-neps/>



and school avoidant behaviour; and staff training on self-harm. The Department of Education and Youth is also currently piloting programmes of counselling and mental health supports for primary schools, including one-to-one counselling and in-school support from new Education Wellbeing Teams and Education Wellbeing Practitioners (Department of Education, 2023), and the roll-out of a new programme, Neart, a partnership between NEPS and Jigsaw which aims to promote mental health in schools (Department of Education, 2025). NEPS also provides a case work service which involves helping schools better understand a child or young person's strengths and needs, suggesting interventions that may be helpful to include in the Student Support Plan and assisting schools to implement, monitor and review those interventions through their casework service. This work is done in partnership with school staff, parents and the child or young person themselves.

As part of the redeveloped primary school curriculum commencing in September 2026, designed for all children in primary and special schools, a wellbeing curriculum integrates Physical Education (PE) and Social, Personal and Health Education (SPHE) to 'equip children with the knowledge, skills, concepts, dispositions, attitudes and values needed to lead active, healthy and fulfilling lives' (National Council for Curriculum and Assessment, 2025). Beyond the wellbeing curriculum area, 'Being Well' is identified as a key competency, pointing to the importance of all curriculum areas and the wider school community in nurturing children's wellbeing. The wellbeing specification comprises four strands: movement competence, emotional and relational education, health education and community and belonging. The time allocated to wellbeing in the primary school has increased over time. In 1999, the curriculum suggested 60 minutes a week for PE and 30 minutes a week for SPHE. The new framework suggests a minimum of 2 hours and 30 minutes per week is allocated to wellbeing in Stage 1, increasing to 3 hours per week at Stages 2 to 4 (National Council for Curriculum and Assessment, 2025).

Guidance counsellors at post-primary schools cover personal and social development, educational guidance and career guidance. Guidance counsellors work with students on a range of developmental issues that students may find challenging. They aim to empower students to make decisions, solve problems, address behavioural issues, develop coping strategies and resolve their difficulties. Guidance counsellors also aim to provide student referrals for complex mental health difficulties to external agencies and services. Post-primary schools are advised by the Department of Education and Youth to establish a Student Support Team who progress actions for the welfare and wellbeing of students and co-ordinate the work of other teams such as the Junior Cycle Wellbeing Curricular Planning team, the Special Educational Needs department, guidance and pastoral staff and the Critical Incident Management Team. School leadership has a significant role on the Student Support Team. This team can also identify and forge relationships with external support services and develop pathways for student referrals. NEPS provides guides for establishing and reviewing Student Support

Teams and NEPS psychologists working in local school clusters can support the establishment or review of Student Support and Critical Incident Teams (Department of Education, 2021). Student Support Teams are currently being piloted by NEPS in some larger primary schools with the aim of developing and providing guidelines for schools and expanding training in this area.

An updated Junior Cycle Social, Personal and Health Education specification was published by the National Council for Curriculum and Assessment (NCCA) in May 2023 and was rolled out for first years in all schools from September 2024. SPHE is a mandatory part of the Primary and Junior Cycle curricula, and aims to develop children's physical, social, emotional and intellectual wellbeing. The SPHE specification is grounded in values of respect, equality, inclusivity, responsibility, dignity, compassion and empathy. It consists of four strands: 'Understanding Myself and Others', 'Making Healthy Choices', 'Relationships and Sexuality' and 'Emotional Wellbeing'. Resources on these topics have been developed for schools through partnerships between the NCCA, the HSE and NEPS, in collaboration with UL. The learning outcomes of the 'Emotional Wellbeing' strand include that students should be able to 'discuss the fluid nature of emotional wellbeing and ways to nurture and protect it', to 'consider the impact of stress and draw upon a variety of techniques to help self-regulate emotions and cope with the day-to-day stresses of life', and to 'discuss ways to support themselves and others in challenging times and where/how/when to seek support, if needed'.

Work is ongoing to update the SPHE specification for Senior Cycle and a draft specification was published for consultation in July 2023, with the consultation running until 3 November 2024. The draft specification includes a strand called 'Health and Wellbeing', and resources will integrate an evidence-based programme, MindOut, developed by the Health Promotion Research Centre at University of Galway and the HSE. The NCCA, NEPS and the HSE have continued their partnership to develop resources for 5th and 6th year. The learning outcomes of this strand include that students should be able to 'explore the factors that influence mental health and wellbeing, including the influence of family, peers, societal attitudes, media, technology, alcohol and drugs, and one's sense of self', to 'recognise unhelpful thinking patterns and negative self-talk and how these can affect emotions and behaviour', to 'recognise the signs and symptoms of stress and anxiety in themselves and others and recognise when help should be sought, where to go and how to access help if needed', and to 'discuss healthy and unhealthy ways of responding to stress and anxiety'. The SPHE draft specification was introduced in primary schools in September 2025. Initial teacher education courses are also being updated to align with the new SPHE specifications.

Creative Ireland published the Creative Youth Plan 2023–2027 to provide opportunities for creative engagement, particularly for those who are seldom heard and most at risk of disadvantage. Parents and caregivers, educators, artists

and creative practitioners are supported to recognise the centrality and value of creativity to their lives, ultimately supporting the enhanced wellbeing of children and young people. The Plan includes a range of programmes including Creative Schools, Creative Clusters, BLAST and I am Creative. Since 2023, over 500 schools and Youthreach centres have participated in Creative Schools while 420 schools and Youthreach centres have participated in the clusters. Examples of past themes include: 'Unity in Diversity', Artificial Intelligence, 'Back to Nature in the Garden of Ireland', 'Biodiversity – Delving into the World of Wonder', celebrating cultural diversity and biodiversity. BLAST supported 425 artist residencies in 2023/2024 and again in the 2024/2025 providing opportunities for students to work with a professional artist/creative practitioner on visual arts, crafts, music, dance, drama, literature, heritage and film projects. Finally, I am Creative was developed for special educational settings to train teachers, artists, Special Needs Assistants and school leaders together in supporting an artist residency in such settings. The programme also includes Oide Creativity to support teacher professional learning and development, including the STE(A)M initiative, the Teacher Write Club in collaboration with Fighting Words, and integrating drama in education methodologies and modelling.

The National Council for Special Education (NCSE) also provides wellbeing supports for special schools through its Relate programme. This includes Behaviour and Wellbeing Facilitators who support behaviour and wellbeing in special schools on a sustained basis of 2 years. The support provided includes goal setting and whole-school learning and reflection facilitated via the Relate in-school team of staff members and students. The Facilitators also promote inter-school communities of practice and learning opportunities. NCSE conducts school visits, webinars, observations and workshops with leadership teams and the whole staff. NCSE also hosts Behaviour and Wellbeing Advisors who support Facilitators in special schools.

All initial teacher education (ITE) programmes (primary, post-primary and further education) in Ireland that lead to registration must have professional accreditation from the Teaching Council. All new primary and post-primary programmes submitted to the Council for accreditation must now be in alignment with Céim (Teaching Council, 2025). Under Céim, ITE programmes are required to include a range of areas, one of which relates to Global Citizenship Education: to include Education for Sustainable Development; Wellbeing (personal and community); Social Justice; and Interculturalism. According to the requirements, there should be demonstrable integration between Inclusive Education and Global Citizenship Education rooted in the principle of care for others (Teaching Council, 2025).

Oide is the teacher and school leader support service for all schools. The Oide Wellbeing Team is committed to integrating up-to-date findings into the content of the Junior Cycle Social, Personal and Health Education/Relationships and Sexuality Education (SPHE) Specification (2023) and the draft Senior Cycle (SC)

SPHE Specification (2024). Oide also provides mentoring programmes and oversees Webwise, the national Internet Safety Awareness Centre, which provides information, advice and resources for schools, families and young people on online safety and digital citizenship. Webwise contains a School/Teachers Hub which includes a range of curricular supports for teachers that they can use when teaching students during SPHE. Other government agencies also provide resources, such as the NCSE's *Relate* publication, which supports school staff in understanding and reframing behaviour (NCSE, 2025). The Department of Education and Youth hosts an online catalogue of wellbeing resources and a Teacher Professional Learning Directory provided by the Department and its agencies, support services, other departments and the Health Service Executive (HSE) to assist the promotion of wellbeing across school communities (Department of Education, 2024). Interagency collaboration between the NCCA, NEPS, NCSE, Oide, HSE, Neart, Teaching Council, Spectrum Life and ESCI is hosted by the Wellbeing Office to ensure alignment, sharing of information and minimising of duplication of resources.

The Department established a Student Participation Unit in April 2023 to support and promote the participation of children and young people in the development and implementation of department policy. An expert group on student participation, chaired by Professor Laura Lundy, was established in May 2023 to advise the Department on how best to progress this work. This group contributed to the Department's Student Participation Implementation Plan 2024–2026 (Department of Education, 2024). The Department is commencing work to update the guidance to support the establishment of student councils in post-primary schools and to develop guidance for primary schools (Department of Education and Youth, 2025).

## CHAPTER 5

### Evidence on current approaches to wellbeing promotion in Irish schools

This chapter provides a review of Irish evidence related to current approaches to wellbeing and mental health supports in Irish schools, based on available research. The studies discussed below include both studies focusing on the constructs hypothesised to be related to wellbeing promotion in schools, for example, school belonging and culture, and direct evaluations of the impact of wellbeing policies in Irish schools. The studies are structured to first present evidence of strengths in the Irish system before turning to current barriers and weaknesses in the Irish context. Key recommendations extracted from the reviewed literature are summarised throughout the chapter.

#### 5.1 STRENGTHS OF THE CURRENT APPROACH

##### School culture and belonging

School culture is a key pillar within the Irish Wellbeing Policy Statement and Framework (Department of Education, 2018), and encompasses the shared norms, beliefs and expectations that exist within the school (Nohilly & Tynan, 2022). Teachers create the ‘atmosphere’ in the classroom through the attitude displayed to students, classroom rules, interactions with students, and language (Tynan & Nohilly, 2018). Students also significantly contribute to the classroom environment and should be encouraged to support the development of classroom rules and given responsibilities. Evidence shows that a positive school culture supports both students’ learning about wellbeing and learning for wellbeing (NCCA, 2017; Carroll et al., 2024). Learning about wellbeing occurs through specific areas of the curriculum and through wellbeing events that develop awareness, knowledge and skills about wellbeing. Learning for wellbeing occurs when students’ whole experiences of school life, including day-to-day interactions both within and beyond the classroom, are respectful and caring, and when challenging students promotes their success and positive self-image (NCCA, 2017). Learning for wellbeing is as important as learning about wellbeing, but because the learning about wellbeing relates to curriculum and wellbeing events, it tends to dominate the wellbeing space (Tynan & Nohilly, 2018).

In line with the Wellbeing Framework (Department of Education, 2018), interviews with 11 post-primary teachers in Ireland reflect the importance of school climate and a whole-school approach to wellbeing (Byrne & Carthy, 2021). Teachers described a whole-school approach as requiring the involvement of the entire school community, including management, teachers, support staff and students, but being driven by several key positions including wellbeing coordinators, pastoral care team-members and guidance counsellors: ‘you start with—you delegate

those “official” roles. Your guidance counsellor, your (wellbeing) coordinator. But you support them. Everyone gets involved’ (Byrne & Carthy, 2021). The whole-school approach obliges the entire school staff to have some degree of capability to attend to the wellbeing of their students, with all teaching staff having a working knowledge of relevant policies and curricula. Obliging all staff to engage in wellbeing promotion creates a culture and ethos of staff support, openness, involvement and leadership, both in relation to students and each other (Byrne & Carthy, 2021). While factors such as wellbeing activities and educator training are appreciated, culture and ethos seem to transcend these in terms of importance:

*‘you know, culture and the way we live that day-to-day, I think is really, really important. And, without that, it doesn’t matter how many hours you put on or say are mandatory...or what you put in a timetable. If that bit doesn’t exist and doesn’t work, you’re wasting your time’*  
(Byrne & Carthy, 2021; Higgins & Booker, 2022).

Several Irish studies spanning student and school staff consistently highlighted the importance of school culture and particularly the quality of relationships between members of the school community. In a qualitative study, 20 post-primary students report that kindness, empathy and availability are key characteristics of supportive school personnel (including teachers, counsellors, coaches and principals; Walsh et al., 2023). Many students described the importance of being treated with kindness and feeling understood when engaging with school staff. The knowledge that students could reach out to a supportive school staff member if needed was key to feeling supported with their mental health in school (Walsh et al., 2023). These interpersonal relationships in schools contribute to students’ global ratings of school belonging, that is, the extent to which students feel personally accepted, respected, included and supported by others in the school environment (Goodenow & Grady, 1993). Students’ sense of belonging in school has been shown to strongly link with their wellbeing, over and above many other related school factors (Dempsey & McCoy, 2025a). However, students reported school personnel do not always have the capacity to support mental health, and that teachers who were dismissive of mental health should not be tasked with supporting young people (Walsh et al., 2023). Students report that being ‘trustworthy’ and ‘a good listener’ were key for feeling school personnel provided support in school (Kenneally et al., 2024). Younger school personnel were sometimes perceived to be more understanding of the issues impacting students’ mental health (Walsh et al., 2023).

Despite overall positive reports of culture and belonging in Irish schools (Carroll et al., 2024), it is important to note that similar sentiment is not always reflected among marginalised groups of students. For example, students with special educational needs (SEN) or lower socio-economic status report poorer wellbeing than their peers, and this difference was largely explained by lower ratings of school belonging and voice in these student groups (Dempsey & McCoy, 2025a).

Indeed, in the review of the Cineáltas Action Plan on Bullying (Department of Education, 2023), identifying as LGBTQI+, being considered exceptionally able and having a learning disability or receiving support in school for additional needs were the most common reasons selected by post-primary students for being bullied in school. Furthermore, a positive sense of belonging and voice at school was a stronger correlate of wellbeing for lower socio-economic students than their more affluent peers, highlighting the central role of the school environment in addressing wellbeing difficulties among marginalised groups. Similarly, school factors accounted for nearly half of the difference in wellbeing among students with and without SEN (Dempsey & McCoy, 2025a). Additionally, findings from the national survey of LGBTQI+ people in Ireland showed that poorer school belonging is critically linked to the elevated mental health difficulties faced by these students. Secondary school students in the survey reported high instances of homophobia and transphobia in schools (79 per cent) and not feeling safe in school spaces (48 per cent). Overall, these students were twice as likely to report not feeling they belong in school. Student-reported factors that could improve LGBTQI+ students' sense of belonging at school include increased safety and support for LGBTQI+ students, LGBTQI+-related education of staff and students, raising LGBTQI+ visibility, and removing religious influence from schools (Higgins et al., 2024). One recommendation from the national survey was to fund and support a national roll-out of the LGBTQI+ quality mark (Belong To, 2020) so that all schools can support LGBTQI+ students (Higgins et al., 2024).

Regarding students with SEN, significant evidence indicates these students are more likely to have fewer friends and experience negative peer relationships compared to their peers without any additional needs (Banks et al., 2017). Specific interventions may be needed to promote belonging and social inclusion for these groups in mainstream education. For students with SEN in special school settings, research has been sparse but suggests high levels of social and emotional support, positive reports in relation to peer relations and sense of belonging and a valuable focus on developing diverse skills for leaving school (McCoy et al., 2025). Earlier work also suggests that special classes can serve to isolate students, with large-scale research with primary and post-primary schools in 2014 showing students typically spend most, if not all, of the week together in the special class setting and predominantly remain together across school years (McCoy et al., 2014; Banks et al., 2016). The findings suggest that for students with mild needs and those with no special educational needs, in particular, these classes can act as a form of internal segregation that can negatively influence their school experiences and wellbeing. Students reported feeling stigmatised and experienced lower levels of parental involvement in their school. This raises important questions about whether there are sufficient whole-school supports available to teachers and principals to allow them to meet the needs of all students in inclusive mainstream settings. The research also highlighted the need for increased support from colleagues in mainstream classes to support integration and reduce the isolation felt by teachers in special class settings (McCoy et al., 2014; Banks et al., 2016).

Recommendation: Continue to increase education and awareness-building regarding the impact and importance of school culture and school relationships as a central component of supporting student and staff wellbeing. Improving the quality of these daily interactions and underlying school values should be a central component of wellbeing support in school. This should particularly focus on marginalised and minority student groups within schools, and be done in close collaboration with the Cineáltas programme.

### **Teachers' appreciation of mental health and wellbeing promotion in school**

While there is a dearth of research on students' experiences of current wellbeing promotion in Irish schools, several studies have documented teachers' experiences of implementing wellbeing supports. Interviews with post-primary teachers (n=11) reported that active delivery of wellbeing promotion involves having a desire to establish close interpersonal relationships with students (Byrne & McCarthy, 2021). Teachers reported that '...it's about smiling and saying hello to a youngster in the morning. It's about looking out for that youngster who sits alone at lunchtime.' Teachers believe that these informal relationships promote students' sense of relatedness at school, which supports their wellbeing (Byrne & McCarthy, 2021). Teachers acknowledge that wellbeing supports should be delivered by teachers who are enthusiastic about wellbeing promotion, adequately trained, willing to engage with students, and comfortable having 'difficult conversations' about sensitive topics such as substance use, relationships, sex and sexuality (Byrne & Carthy, 2021). Furthermore, these positive relationships also support the wellbeing of school staff: if teachers feel uncared for and burnt out themselves, it is hard for them to be genuinely motivated to promote the wellbeing of others (Nohilly & Tynan, 2022). This is reflected in interviews with Irish teachers who emphasised that their own wellbeing is essential for supporting student wellbeing (O'Brien et al., 2024).

However, teachers also note this best practice is not always implemented in wellbeing promotion at school. Teachers are aware of the impact of this on students:

*'...doing the SPHE, I know I'm not doing a good job at it! It's just – it needs to be taught differently, and I don't know – I never learned how to do that. It doesn't feel good to not be good at your job. It's bad because, not only does it affect the students and their ability to learn this stuff, but...it kind of knocks your confidence' (Byrne & Carthy, 2021).*

Again drawing on qualitative research, teachers report greater uncertainty regarding their role and ability to support students' mental health and wellbeing compared with other elements of their job (Higgins & Booker, 2022).



**Recommendation:** Build on the positive foundations that teachers value wellbeing promotion in school but create greater supports for teachers as both providers and humans with their own wellbeing needs. Continue to encourage positive attitudes and beliefs regarding the importance of wellbeing in schools. However, these perspectives must be supported by structural changes that enable teachers to gain skills in the delivery of wellbeing and create a caring environment for teachers that prevents burnout.

## 5.2 BARRIERS TO PROMOTING WELLBEING IN IRISH SCHOOLS

### Lack of student voice and representation

While the Wellbeing Policy advocates for an enhanced understanding of children's and young people's perspectives on school mental health and wellbeing, few wellbeing initiatives are grounded in active participation and co-designed with children and young people (compared to other Irish policies, e.g., *Bí Cinéalta*). This is evident in studies examining wellbeing promotion in Irish schools: most studies are conducted with teachers and school staff rather than students. Irish students' perspectives (n=20) are considered in Walsh et al.'s (2023) participatory-based research showing the impact of school personnel being frontline in supporting youth mental health, and the need for more youth involvement in school mental health promotion. Many of the young people believed that school-based mental health supports, such as counselling, mental health awareness and identification of mental health difficulties, could be hugely beneficial for students and appropriate to address difficulties in the school context; however, student involvement in such initiatives is key to their effectiveness. Students report a lack of voice in mental health initiatives (i.e. mental health awareness days), school-based interventions (i.e. peer-delivered programmes) and student consultation spaces (Walsh et al., 2023). Supports such as awareness campaigns, one-to-one interventions (such as mindfulness) and classroom-based activities can be seen as unrelatable and 'childish', while one-off wellbeing days are seen as too infrequent to be helpful (Walsh et al., 2023; Department of Education, 2023). In a national survey on school-based mental health and suicide prevention, young people participating in the study reported that the best ways to improve school-based supports were through greater individualised support, mental health education and peer discussion groups (McMahon et al., 2017). Students believe that sharing youth lived experience with mental health, and initiatives that align with the unique contextual needs of the school, could enhance the relevancy of support. The meaningful involvement of students' voices must follow through into youth-led reform and implementation (Walsh et al., 2023).

**Recommendation:** Ensure greater engagement and active participation of children and young people in the development and delivery of school-based mental health and wellbeing supports at government (e.g., NEPS, Oide, NCSE), non-governmental organisation (e.g., Jigsaw) and school levels to ensure policy and practice address

the evolving needs of students. Student involvement that captures the diversity of needs across the student body and is meaningfully incorporated is likely to significantly enhance the effectiveness of supports (the international evidence is discussed in Chapter 6).

### **Tension between mental health and wellbeing and other school priorities**

Students highlight tension between academic pressures (e.g., exam pressures, peer comparisons, feelings of inadequacy, concerns about their future) and mental health/wellbeing. Prioritising academic efforts can mean a displacement of broader extracurricular activities; such activities have a shelf life and are discontinued by many in the year(s) leading up to state exams (McCoy & Byrne, 2024). Further, accessing school mental health supports often meant missing out on academic activities, which had implications for teachers' perceptions of students' academic commitment (Walsh et al., 2023). This tension between academic and wellbeing priorities has also been captured in teacher interviews, noting that academic achievement is still prioritised by teachers over social-emotional learning (O'Brien et al., 2024). While Irish teachers are positive about the importance of wellbeing promotion and the impact of the school environment on students, some are concerned about the perceived systemic de-prioritisation of the wellbeing curriculum:

*'...students can come in ready for their doss class. But equally, if you get the wrong teacher doing it [delivering SPHE], they could be thinking the same! They might be thinking, "I can catch up on my paperwork here"' (Byrne & Carthy, 2021).*

Teachers also indicate a degree of scepticism regarding the Wellbeing Framework for Practice (2018), noting their perceived limited scope in potential application: 'I mean, they don't really have longevity. We brought our school in line with the guidelines and that was kind of it. You know, we haven't really – we don't go back to them that often' (Byrne & Carthy, 2021). Teachers in their interviews were very forthcoming in admitting that they or their colleagues have likely not engaged with the guidelines to a sufficient degree: 'I think every teacher is aware of it. They wouldn't have read the guidelines, but I think we're all aware that there are wellbeing guidelines there to be read if anybody wants to read them' (Byrne & Carthy, 2021).

**Recommendation:** Work toward a shift in teaching, learning and school values that builds awareness of the overlap and bidirectional importance of mental health and academic achievement for students. The two work to support each other rather than one being prioritised to the detriment of the other.

### **Effectiveness of commercial mental health and wellbeing programmes**

Since wellbeing was added to the post-primary curriculum, a plethora of programmes and initiatives aimed at enhancing the wellbeing of children have made their way into Irish schools (Nohilly & Tynan, 2022). Some include mindfulness practices – Friends for Life, MindUP and Weaving Wellbeing – which vary in their proven effectiveness while being loosely based on the curriculum and objectives of SPHE. These programmes are used by schools in their curricular wellbeing hours. The practice of incorporating commercial programmes such as these has created feelings of complication regarding subject implementation given the overwhelming number of programmes for schools (Nohilly & Tynan, 2022). Indeed, an unexpected finding from interviews with teachers and principals was how wellbeing is described in the form of a list of interventions or activities: wellbeing is a thing that one does (Farrell et al., 2024). Farrell et al. perceived the speed and frequency with which school staff reverted to listing wellbeing activities as an indicator of the pressure schools are under to offer these activities. Parents' concern for the child's ability to cope and need for the necessary 'tools to cope' similarly reflect the adult perspective of wellbeing as a resource to achieve (Farrell et al., 2024). A key consideration for the future of wellbeing in Irish schools is ensuring the content covered is comprehensive, relevant, evidence based and evaluated.

**Recommendation:** Support schools by consolidating available resources, including providing an overview of their aims, predicted outcomes and relative effectiveness (see Chapter 6 for discussion of international examples). As Irish schools have autonomy to decide on initiatives and programmes, this would alleviate the burden on teachers and improve the effectiveness of wellbeing supports by encouraging more informed choices.

There is limited evidence on the effectiveness of school-based wellbeing and mental health interventions and initiatives used in Irish schools. An early randomised controlled trial has been conducted on one cognitive behavioural programme, Friends for Life, employed in Irish primary schools (Ruttledge et al., 2016). The trial, conducted with 709 children in 27 primary schools, showed positive outcomes for student emotional wellbeing, coping skills and sense of connectedness with school (Ruttledge et al., 2016). More recently, a cluster randomised controlled trial was conducted on another universal cognitive behavioural therapy intervention used in Irish primary schools, A Lust for Life Schools Programme (Clancy et al., 2024). The programme aims to reduce internalisation of problems, develop coping strategies, and promote self-efficacy in primary school children, and has been delivered in 47 per cent of Irish primary schools (A Lust for Life, 2025). Clancy et al. (2024) found no effects of the programme compared with a control group of children on any of the programme primary or secondary outcomes. An earlier evaluation also found no support for the efficacy of the programme in promoting children's mental health, resilience,

emotional literacy or mindfulness (O'Connor et al., 2022). The non-significant effects may be due to overall subclinical levels of psychological distress and positive child functioning at baseline in both studies. Given these 'ceiling' effects, there is little room for improvement in outcomes, an expected occurrence in universal programmes. Subgroup analyses were also conducted on participants with medium-to-high distress symptoms. However, sample size resulted in too few participants in the subsample analysis to accurately examine these effects. This is just one example of how a greater evidence base is needed regarding the wellbeing programmes adopted in Irish schools and further refinement of the goals of these programmes in relation to specific outcomes and mechanisms to promote wellbeing or mental health.

Evidence suggests that the brief, isolated format of wellbeing interventions often administered at the classroom level is insufficient. Optimal, enduring effects are more likely when programmes are embedded within the wider whole-school framework and sustained over the school year (Goldberg et al., 2019; Shoshani & Steinmetz, 2014; Weare & Nind, 2011). Additionally, programmes are often not implemented as they were designed. For example, in the Irish *Lust for Life* programme, the 'Try at Home' activity was not consistently covered by teachers and at times omitted completely (Clancy et al., 2024). If programmes are not implemented with fidelity, their effectiveness will be compromised. In this instance, an integral component of the intervention, repetition and practice of new skills at home, was missed, which may have compromised its effectiveness (Clancy et al., 2024). It is also important to consider that most social-emotional learning and wellbeing programmes and interventions have been developed and implemented in the USA or Australia (Mackenzie & Williams, 2018), and evidence-based programmes from these countries cannot be assumed to work in the Irish context (Berry et al., 2016). Such international programmes must be adapted to meet the mental health and wellbeing needs of children and young people in Irish school contexts (Clancy et al., 2024), as has been done with some programmes such as *Friends for Life*. Finally, while more evidence is needed on the effectiveness of current programmes in Irish schools for all students, there is a particular need for further information on how these approaches meet the needs of subgroups of students who face additional challenges due to marginalisation. In one such example, a recent study of secondary school students showed that promoting students' sense of belonging and representation in school was particularly positive for the wellbeing of low socio-economic status students (Dempsey & McCoy, 2025a). The need for evidence on the effectiveness of universal wellbeing programmes is only further highlighted by emerging evidence from the UK indicating that universal wellbeing programmes may cause harm to some students (Foulkes & Stringaris, 2023; Guzman-Holst et al., 2025; Werner-Seidler et al., 2025).

**Recommendation:** Build collaborations between services and agencies delivering wellbeing programmes (e.g., Jigsaw, HSE), research teams and schools to generate evaluations of programme effectiveness in Ireland, with a particular focus on

examining whether current supports meet the needs of diverse subgroups of students and school contexts.

### **Strain on teachers' time and professional development**

A commonly cited barrier for teachers is a lack of training in the delivery of mental health and wellbeing programmes. Teachers report feeling insufficiently equipped to support students experiencing mental health difficulties or deliver the mental health supports to the extent expected of them (Blix et al., 2024). Early indicators suggest one third of SPHE teachers lack any kind of formal training in the subject (Moynihan et al., 2016). Increasing the number of teachers with appropriate training in wellbeing and mental health support would improve not only the delivery of these supports in schools but also educators' perceptions of the wellbeing curriculum (Doyle, 2017; Goodwin et al., 2021). This training can range from applying simple psychological tools and techniques in class to scaffold children with milder problems, to recognising when a child has more significant symptoms and needs referral for professional intervention. Teachers' beliefs about children's mental health and their own capacity to help could potentially influence the extent to which they offer support (Graham et al., 2011). A study of Irish primary teachers tested this, by examining teachers' mental health literacy and their help-giving responses to three vignettes: a non-clinical control vignette and two clinical vignettes. One of the clinical vignettes described a child with generalised anxiety disorder and another described a child with depression (Ní Chorca & Swords, 2022). Most teachers were able to recognise a child experiencing anxiety (84 per cent) and depression (71 per cent). Teachers who reported more exposure to and experience with mental illness (e.g., through own or a close relation's mental illness, realistic portrayals in media) showed significantly more concern for affected children. Greater concern and confidence in one's ability to help students were significantly associated with teachers' intention to offer support (Ní Chorca & Swords, 2022). More years of teaching experience was associated with less help-giving intentions, perhaps reflecting greater teacher burnout, prior negative experiences trying to help or lack of familiarity with changing symptoms among children. These findings indicate that improving the mental health literacy of teachers could promote their ability to identify and respond to children's mental health in a timely manner.

Additionally, several studies with Irish teachers identified time as a significant constraint to effective implementation of wellbeing and mental health supports in school (e.g., O'Brien et al., 2024). Within the curriculum, fitting in new components of wellbeing was a reported challenge (though curriculum reforms to alleviate this are ongoing; Goodwin et al., 2021). In one study, 82 per cent of second-level schools reported the curriculum being too crowded to accommodate Relationships & Sexuality Education (RSE), and others reported knock-on effects whereby aspects of the wellbeing curriculum are very often devalued by educators in favour of 'fitting in' core curriculum (Doyle, 2017; Goodwin et al., 2021). This trend also

occurs outside of curricular wellbeing, where the majority of additional workload seems to revolve around meetings and administration (Byrne & Carthy, 2021). Teachers report that ‘we’re pretty much doing the same thing (to promote wellbeing), but...there’s a lot of reporting’ and ‘ironically, with this wellbeing stuff, we’ve more forms to fill out, so we’ve even less time [for wellbeing promotion] now than we did before’ (Byrne & Carthy, 2021). The increased wellbeing-related meetings, reports and administrative tasks were seen as particularly burdensome. When workload becomes overburdened in this way, social–emotional learning activities typically become de-prioritised in favour of academic activities (Barry et al., 2017). The strain on teachers’ time is a direct challenge for developing and implementing high-quality whole-school approaches to wellbeing.

**Recommendation:** Build awareness and understanding of the value of wellbeing and mental health among teachers throughout initial education and CPD. Support schools to develop effective Student Support Teams who are passionate about and committed to delivering wellbeing support and who work effectively to alleviate time barriers. Put the necessary supports in place to enable school leaders and teachers to develop, implement and monitor whole-school approaches to wellbeing.

### **Need for greater interagency integration**

A need for greater interagency communication and integration of youth mental health services within schools was highlighted by several sources. The Mental Health Commission (2023) conducted an independent review of the provision of Child and Adolescent Mental Health Services in Ireland. Results from this review indicated more effort needs to be made to ensure the availability of therapeutic mental health services for children and young people. Central to this was an added effort to include comprehensive mental health promotion, screening for mental health issues, and early intervention services in schools at all levels and in communities (Mental Health Commission, 2023). This recommendation is echoed in studies of Irish educators: teachers expressed frustration with the lack of connection between outside agencies and the school, indicating these services are needed to assist teachers in supporting students’ mental health (Goodwin et al., 2021). Such interagency communication and consistency across services also promoted a culture of safety and clear communication that is needed for young people accessing these services (Goodwin et al., 2021).

Recent research has further highlighted the implications of wide variation in the availability of one-to-one psychological (and other) specialist support services for children and young people. While the situation was exacerbated in the context of the pandemic, students continue to highlight inadequacies in such supports and the impact this has on their lives, participation in school and post-school transition experiences (Carroll et al., 2024; McCoy et al., 2025).

Recommendation: Work to further integrate and align educational and mental health services to better support children and young people. This includes increased cross-departmental collaboration at government level, increased capacity of NEPS and agency services at regional level, and increased access and communication between youth mental health services and schools, including greater utilisation of local community mental health supports. Better interdisciplinary work between teachers, psychologists, occupational therapists and mental health professionals would facilitate cohesive and coherent support for students' wellbeing and mental health. Overall, improve resourcing of one-to-one psychological supports within and outside school settings.

## CHAPTER 6

# Approaches to supporting wellbeing and mental health internationally

With an overview of the current state of wellbeing promotion in Irish schools presented, we now turn to examine international literature on approaches to supporting wellbeing and mental health in educational contexts. Findings are presented from qualitative and quantitative studies, reviews and meta-analyses, experimental and trial studies of wellbeing programmes, and data gathered from students, school staff and the wider community. This empirical evidence is integrated with guidelines and recommendations published by international bodies such as the European Commission, OECD and WHO. We examine seven topics in the sections below: school culture and belonging; peer connection and student voice; partnerships with parents and the wider community; teacher education and professional development, and school leadership; intersectoral support for complex student mental health needs; ensuring equitable and inclusive wellbeing supports; and foundations of wellbeing.

### 6.1 SCHOOL CULTURE AND BELONGING

Stand-alone interventions to address student mental health and wellbeing in school, while commonplace, can overlook the role of holistic school culture and climate as a foundation for students' daily experiences (Cefai et al., 2021). Indeed, a recent analysis of 8,376 students in 84 schools across the United Kingdom showed that students' ratings of school climate were the single most important school factor associated with mental health and wellbeing outcomes (Hinze et al., 2024). School climate, which included measures of school leadership and involvement, respectful climate, peer climate and caring adults, played a stable role in early adolescents' mental health, controlling for an array of school contextual, community or operational factors (including geographical location, area level deprivation, school composition, student–teacher ratio, attainment). To create a positive school climate, guidelines from the European Commission (2024) indicate the design, implementation and monitoring of school policies must be conducted through a student participatory approach. This includes devoting specific practices and funds for stable and integrated mechanisms of consulting and empowering learners' involvement in the decision-making process.

Connectedness and belonging are at the heart of mental health and wellbeing promotion in schools and a central contributor to school climate. Experiencing a meaningful sense of connection, belonging and acceptance by others is a long-recognised human desire (Allen et al., 2021; Blum et al., 2022). Social connection is multifaceted, comprising the structural, functional and qualitative aspects of human relationships (Holt-Lunstad et al., 2017). Social connection, including supportive family, peer, school and community connections has been shown to be



protective of youth mental health and wellbeing (Jose et al., 2012; Viner et al., 2012). Conversely a lack of social connection, including isolation and loneliness, has been linked to poor mental health (Pearce et al., 2023). In the school context, school connectedness can be defined as the degree to which a student feels valued, supported and accepted at school (García-Moya et al., 2019). Measures of school connection encompass affective (e.g., feelings of belonging, inclusion and respect), cognitive (thoughts and perceptions of teacher and peer relationships and support) and behavioural (involvement, participation and engagement at school) domains. A recent meta-analysis of 34 longitudinal cohort studies showed that higher school connection predicted lower student depression and anxiety (Raniti et al., 2022), suggesting school connection is likely a protective factor for youth mental health.

Overall, one in four 15-year-olds reported feeling they cannot make friends easily at school, one in five reported feeling like an ‘outsider’ at school, and one in six reported feeling lonely at school (Raniti et al., 2022). Furthermore, a sense of belonging at school has been steadily declining in OECD countries over the past 15 years (OECD, 2019). On a positive note, however, most recent results from PISA show students’ sense of belonging at school in Ireland has remained stable from 2018 to 2022 (OECD, 2023). Guidelines from the European Commission (2024) emphasise the importance of sense of belonging and connectedness, fostered by respectful, caring and supportive relationships among the various school members across the whole school, in school wellbeing promotion. Indeed, research conducted in Australia highlights the benefits of relationships within the community and the importance of a range of settings including the sporting field, camps and retreats, and the classroom in fostering relationships. Allocated time for peer pastoral care is also implemented in these schools, which students saw as an opportunity for connection: ‘you have to go every morning, and I absolutely love it [...] because you are actually talking to people that are in different year levels than you and they’re helping you by telling you this is hard, but it’s fun’ (Scholz et al., 2024).

Intervention studies also highlight the importance of school connection in student wellbeing and mental health. For example, a US intervention delivered a skills-based programme, focused on teaching social and academic problem-solving skills. This included a parent component involving home visitations, and encouraging participation in positive social activities and increasing social support by building positive peer networks (Blossom et al., 2020). Results found that relative to the active control condition, the intervention led to improved levels of school attachment, which in turn improved students’ self-esteem and reduced their depressive risk (Blossom et al., 2020). A second intervention study, with over 5,000 13–14-year-old students in India, aimed to improve school climate by taking a whole-of-school approach to promote supportive relationships across the school community, promote participation in school activities, help students develop social skills, and support students to develop a sense of belonging (Singla et al., 2021).

Whole-school activities included the creation of a school health promotion committee (including student representatives), who organised regular health-promotion activities, a monthly student magazine, suggestion boxes and competitions, and provided input into school policies. Classroom-based peer groups were run to address student concerns as well as training for students and teachers on learning and discipline. Individual-focused components included problem-solving counselling provided to students by trained lay counsellors. Results show that participants allocated to the intervention group showed lower levels of depression 17 months later (Singla et al., 2021). Notably, it was the quality of the relationships at school which mediated intervention effects on depressive symptoms, underscoring the importance of social connection as a key factor in adolescent mental health.

The mechanisms underlying how school connection is associated with reducing mental health symptoms are not yet known, although several candidate mechanisms warrant mention. First, it is likely that adolescents who feel supported within the school context are more likely to seek help if they need it (particularly at school), which may reduce the risk for disorder (Doan et al., 2020). Second, in line with social support theory (Schuster et al., 1990), feeling connected and supported at school might buffer the effects of stressful situations, supporting wellbeing and protecting against a deterioration in mental health. Finally, as outlined by the Interpersonal Theory of Suicide (Van Orden et al., 2010), feelings of isolation and being alone are a risk factor for suicidality, and so feelings of belongingness and social support at school are likely to protect against this. Although empirical validation is required, these represent several feasible pathways through which strong school connection might mitigate against the development of mental health problems.

Reflections on the Irish context: Both strengths and barriers exist in current approaches in Irish schools. A strength of current approaches is the emphasis on culture and belonging both in the Policy Framework and Statement (2018) and in school practices, as reported by school staff and students. However, in line with other Western countries, Irish students' sense of belonging has declined in recent years, indicating more work is needed in this area. One promising avenue to strengthen Irish students' belonging and improve school culture is a greater emphasis on student-led approaches such as peer pastoral care. Student-led approaches are discussed in more detail below. Additionally, while culture and belonging are generally emphasised in the Irish context, insufficient attention is placed on using these mechanisms to address the mental health and wellbeing of marginalised student groups. Student groups such as LGBTQI+ and low socio-economic status students report lower school belonging than their peers, and initiatives to promote belonging and an inclusive school culture may differ among these students. Further, students from marginalised and minority ethnic backgrounds (such as Traveller and Roma students) may differ in how their culture is understood, valued and respected within the school. Irish policy and practice

could be further developed to prioritise fostering belonging in such groups, with critical and reflective practices that interrogate how and why current approaches contribute to inequality in the sense of belonging across student groups.

## 6.2 STUDENT REPRESENTATION AND PEER LEARNING

There is international acknowledgement and growing evidence of the importance of a bottom-up, participatory approach and including a representative student voice in wellbeing and mental health supports in schools. This is reflected in the European Commission's (2024) guidelines for policymakers, which state that such an approach helps to ensure any initiative is culturally appropriate and addresses diverse needs. A strong and meaningful student voice is vital for students to identify with and 'own' the interventions. This includes co-designing of materials, participation in the delivery and implementation of interventions, participation in decision-making, and contributing to peer interventions (European Commission, 2024). Student voices must be representative and incorporate the voices of marginalised and vulnerable students. A review of school wellbeing initiatives in Australia concluded that if an intervention is about students, it should not be conducted without students being involved in meaningful ways (Runions et al., 2021). Wellbeing programmes often centre around students imagining a scenario where they are exposed to some kind of distress rather than relating content to relevant current life experiences (Scholz et al., 2024). Student learning is most effective when it comes from personal experience and involves self-reflection (Chan et al., 2021; Lahuis, 2021). This is consistent with previous research highlighting the importance of students being active in their learning (Smit et al., 2014; Scholz et al., 2024).

Several studies have indicated the power of peer learning in supporting wellbeing and mental health in schools. This has been reported by students themselves; 'when it's kids talking to other kids it's so much better' (Scholz et al., 2024). Adolescents most commonly turn to friends and family over professional support for mental health problems (Rickwood et al., 2014). Similarly, adolescents who seek help for substance use cite friends as their main source of support (47 per cent), followed by a much smaller proportion turning to parents (10 per cent) or health professionals (21) (Lubman et al., 2017). Despite this, many young people report difficulty 'opening up' to peers if they need help, largely due to difficulty in communicating distress, shame, stigmatising beliefs and a perception of self-reliance (McHale et al., 2023).

A potentially untapped prevention and intervention approach to address mental health challenges among adolescents, through social connection, is the social network intervention (SNI) approach (Birrell et al., 2025). SNIs intentionally leverage or modify the features of social networks, to induce, enhance or sustain psychological or behavioural changes (e.g., health behaviours like alcohol consumption, or mental health symptoms like mood), and achieve desired

outcomes for individuals or groups (Valente, 2012). Features of social networks that can be modified include social network size and closeness of ties between individuals, as well as targeting certain influential individuals within networks and changing the network structure itself. Given the importance of peer influence for adolescents' behaviours (Veenstra & Laninga-Wijnen, 2023), there is potential to use SNIs to reduce key risk factors and improve mental health among groups of adolescents. To date, SNIs have proven effective in reducing a number of key risk factors related to poor mental health among adolescents, including bullying and alcohol use (Paluck et al., 2016; Valente, 2012). For example, Paluck et al. (2016) conducted a randomised controlled trial using the SNI 'key player' approach, which involves identifying the most socially referent (well-connected) individuals in a cohort. These socially referent young people were then tasked with developing and implementing their own anti-bullying interventions, tailored to the needs of their school. This SNI resulted in a 25 per cent reduction in victimisation among the intervention schools, compared to the control schools over the following year. Specifically, this could be achieved by identifying 'at-risk' adolescents in a school year group who self-report poorer mental health, and working individually with those who are most socially well-connected among this group (i.e., the strategic players) to improve their mood and mental health (e.g. via targeted intervention), thereby improving the mental health of other 'at-risk' students whom they are socially well-connected with (Rogers, 2003). For example, in one social network study among adolescents, it was found that having sufficient friends with positive mood significantly increased the chance of recovering from depression over a 6–12-month period (Eyre et al., 2017; Hill et al., 2015). A major advantage of the SNI approach is that SNIs are generally resource efficient. For example, by targeting key individuals, the time and resources required to provide high-quality peer support training can be minimised, compared to training an entire cohort of adolescents.

Reflections on the Irish context: While some peer learning initiatives have been implemented in Irish schools, particularly during Transition Year and Wellbeing Ambassador programmes, the critical role of student participation in school wellbeing supports highlighted by the international literature calls for a greater emphasis on this area within Irish approaches. Representative student voice should be central to the design, implementation, monitoring and evaluation of all school wellbeing and mental health supports at both primary and post-primary. Further work is needed at the national level to develop meaningful and feasible methods of representative student participation in wellbeing and mental health school supports, which can be rolled out in schools via initial teacher education, professional development and school leadership training. Learnings from the Cineáltas programme could be useful in guiding approaches.

### 6.3 PARTNERSHIPS WITH PARENTS AND COMMUNITIES

A key European Commission (2024) guideline for promoting wellbeing in schools is to foster collaborative partnerships among schools, communities and parents. Engaging families and the community as key partners within the whole-school approach to mental health and wellbeing reinforces the complementary roles of parents and educators and extends opportunities for learning and development across the social systems in children and young people's lives (Goldberg et al., 2019). Furthermore, community partners facilitate access to external support and mental health services within the community, thus ensuring that students with mental health issues are provided with the additional support they require (Goldberg et al., 2019). Working with parents, families and communities can add strength and depth to school efforts to promote wellbeing, help young people experience a sense of coherence across their lives and feel a genuine sense of belonging which is highly protective for their mental health and wellbeing (Weare et al., 2017). A meta-analysis of 213 universal school-based programmes, involving 270,034 kindergarten-through-high school students, showed that interventions which incorporated parent-delivered activities at home resulted in larger effects for children (Durlak et al., 2011). A more recent review also showed more positive effects of anxiety and depression interventions when parents were involved as well as school (Baughman et al., 2020). Programmes that include at-home components promote children's mental health and wellbeing in ways such as reinforcement of skills learnt in the classroom at home, practice in real-life contexts, improved family dynamics and better communication (O'Connor et al., 2022).

However, parents can find it challenging to establish a relationship with the school. Some feel afraid and pressured by the idea of participating in school life, particularly if they live in poverty, have low literacy skills, or belong to an ethnic minority (Cefai et al., 2021). Parents may feel that teachers do not want to share children's information or are not available to listen to them effectively, or even that teachers expect them to conform to teachers' decisions, which can act as barriers to effective communication and participation (Damianidou & Phtiaka, 2018). Other kinds of barriers, such as awareness of mental health problems, time, or personal or cultural beliefs about mental health support, can also prevent parents' participation (Kern et al., 2017). This is further exacerbated by the tendency for teachers to contact parents to report social, emotional or behavioural problems (Paulus et al., 2016). Involving parents in school life and every area of school-based mental health interventions is key, considering their needs, strengths, values and culture (Kern et al., 2017; Weare, 2017). Effective actions are anchored in positive values such as trust, respect, safety, recognition, acceptance, empowerment and engagement, and involve the establishment of positive home-school relationships, the continuous exchange of information, and the provision of adequate support that considers families' needs and best interests (Cefai et al., 2021). Studies in Australia also show that engaging families in the planning and oversight of whole-school frameworks is beneficial for student outcomes (Runions

et al., 2021). For example, providing parents with an overview of the school-wide framework for mental health and wellbeing is important for parents to use consistent language and apply and reinforce concepts with their children at home (Scholz et al., 2024).

Schools can also play a significant role in facilitating community-based activities such as volunteering, service learning or mentoring programmes that positively influence students' social and emotional competencies and prevent problem behaviour (Gutman & Schoon, 2015). These community links can be bidirectional: communities can also provide mental health resources to schools. Addressing the needs of student mental health and wellbeing is challenging for schools, and leveraging the resources and supports from the wider community can help address these needs more effectively. An OECD (2025) review of 23 countries, including Ireland, examined the types of partnerships in place in schools. The types of partnerships schools can utilise included mental health professionals, medical practitioners, fitness coaches, nutrition experts, student-led organisations, research centres and EdTech companies.

Reflections on the Irish context: Some positive examples of community partnerships are evident in Irish schools, particularly during Transition Year, but these are not focused on creating systematic wellbeing and mental health community partnerships. Learnings from the current use of community partnerships could be expanded and applied for school wellbeing and mental health initiatives. Similarly, home–school partnerships and parental involvement are emphasised in Irish schools, particularly schools in the DEIS programme (e.g., Barnardos school-based services, PAUL partnerships), but this could be expanded to focus more directly on wellbeing and mental health. Partnerships between families and school are particularly important for marginalised students who may need more integrated supports. For example, Home School Community Liaison Officers play an important role in improving educational outcomes for the students most at risk of poor attendance, participation and retention. These key personnel work with parents or guardians of students who are experiencing, or are likely to experience, educational disadvantages, and this dual support across home and school has shown to be critical for these students to reach equitable educational outcomes (Dempsey & McCoy, 2025b). Wellbeing Teams in all schools, not just DEIS schools, should strive to improve parent engagement and involvement in the schools' wellbeing and mental health initiatives.

#### **6.4 TEACHER EDUCATION AND PROFESSIONAL DEVELOPMENT, AND SCHOOL LEADERSHIP**

Teacher education and professional development in wellbeing and mental health is a frequent topic of discussion internationally. Guidelines from the European Commission (2024) outline how teachers are the primary delivery agents of mental health interventions – not only of universal interventions and, in many instances,

selective interventions – but also by providing support to students with mental health needs as part of an intersectoral, transdisciplinary team. The optimal starting point to address the wellbeing of educators is initial teacher education and training (ITE). During this stage, teachers should be able to understand the concept of wellbeing, learn to recognise and reflect on their personal wellbeing, and acquire the competences needed to support the wellbeing of their (future) students, their own wellbeing and that of their colleagues (European Commission, 2024). Adequate teacher education in mental health promotion, both during initial teacher training and through continuing professional development, is crucial to the success of mental health promotion in schools. National frameworks for both teacher education institutions and educational authorities need to outline the key educator competences necessary for the effective delivery of mental health and wellbeing in schools. Teachers require training not only in the delivery of mental health interventions at classroom and whole-school levels, but also in engaging in relational, child-centred, collaborative and constructivist pedagogy (Cefai et al., 2021). They also need to develop their own social and emotional competences as educators, such as empathy, relationship building, collaboration and constructive conflict resolution (Cefai et al., 2021). Mentoring programmes, professional networks, learning communities and collaboration platforms provide a collaborative learning environment in which teachers can share and improve their practice in mental health promotion (Cefai et al., 2021). Below are several actions suggested by the European Commission (2024) to integrate wellbeing and mental health into initial teacher education (Table 6.1) and continuous professional development (Table 6.2).

**TABLE 6.1 EUROPEAN COMMISSION GUIDELINES FOR INITIAL TEACHER EDUCATION**

Initial Teacher Education
Strive for a comprehensive approach to wellbeing in ITE which includes support, mentoring, training and collaboration
Design ITE to empower future teachers to take ownership of their wellbeing, for example, through self-help intervention strategies, fostering proactive behaviours, and social and emotional learning
In cooperation with relevant actors, develop or adapt the ITE framework of competences necessary in the delivery of wellbeing and mental health interventions
Develop mentoring policies, introduce mentorship programmes for student teachers during their practical field experiences, and ensure the functionality of the mentor–student teacher relationship and role model programmes
In terms of pedagogy, ITE programmes should equip future teachers with the tools needed to implement the formal curriculum through a child friendly, collaborative, inclusive and culturally responsive pedagogy that includes relationship building
Build a collaborative approach between higher education institutions providing ITE and schools to ensure that the education provided is relevant to the needs of the schools and learners. Policymakers should ensure that ITE institutions are formally required to consult schools and educational authorities in the development of their initial teacher education and training programmes

**TABLE 6.2 EUROPEAN COMMISSION GUIDELINES FOR CONTINUOUS PROFESSIONAL DEVELOPMENT**

<b>Continuous Professional Development</b>
Provide high-quality and well-coordinated CPD opportunities for teachers and other staff on a regular basis
Ensure that CPD opportunities are offered during regular work hours and not as an extra
In cooperation with relevant actors, develop or adapt the ITE framework of competences necessary in the delivery of wellbeing and mental health interventions
Address the changes needed in the different levels of governance to improve job security, working and financial conditions, sabbaticals, flexible leave, collaboration, responsibility, and autonomy for teachers
Empower schools and teachers to contribute to their own CPD, as wellbeing training will be sustainable and impactful only if adapted to the school's needs
Design legislative frameworks, guidance or standards on CPD for wellbeing and mental health that incorporate the dual perspective of training teachers for their personal wellbeing and providing them with tools to support their learners' wellbeing
Support the development of professional networks, learning communities, communities of practice, and collaboration platforms, as they provide a collaborative learning environment for teachers to engage with each other

School leaders must visibly and regularly support the school wellbeing framework for it to be successfully implemented (Higgins & Booker, 2023). Organisational theorists argue that culture and relationships are the most important focus for leadership. School leaders should be committed to improving staff and student wellbeing, evidenced in their everyday interactions with staff and students, and in the clear and shared school vision. Analysis of implementation success and failure points to the need for leadership to be approachable and unambiguously interested in wellbeing (Runions et al., 2021). Although fidelity is important, so too is the ability to adapt wellbeing interventions to the local context as needed, based on the awareness and expertise of the school leadership team (Runions et al., 2021). School leaders should be appointed having successfully progressed through appropriate selection mechanisms, training and qualifications, and should be in receipt of necessary support (European Commission, 2024). School leaders should receive training in wellbeing and mental health, equity and proactive inclusion, and strategic leadership to enable them to develop a school wellbeing framework that is best connected to the context of their school (European Commission, 2024).

One particularly relevant point for school leaders refers to the quantity of wellbeing resources and programmes now available to schools. This is a phenomenon seen both in Ireland and internationally. For example, in the UK, there has been a concerted effort to make evidence more accessible for schools. For example, the Education Endowment Foundation (EEF) and the Early Intervention Foundation (EIF) were established in the UK in 2011 and 2013 respectively to provide evidence-based resources for educators. These resources, such as the EIF's Guidebook (Early Intervention Foundation, 2022), provide summaries of key information around intervention programmes, including how they impact outcomes, the strength of evidence, and the cost of implementation. There is also a range of international evidence repositories available to education



professionals, including the What Works Clearinghouse; the Best Evidence Encyclopaedia and Evidence for Every Student Succeeds Act, established in the USA; and Evidence for Learning Toolkits from Australia. A recent study conducted in Wales which mapped whole-school wellbeing provision in primary schools showed schools report using a high number of whole-school wellbeing programmes, with an average of four programmes in use and as many as eleven being reported by one school (Nisar et al., 2024). Such whole-school programmes are intensive in nature, as programmes are delivered to all students, and wellbeing is integrated across all subject areas, meaning it is unlikely schools can deliver multiple programmes with a high level of fidelity (Nisar et al., 2024). This issue of the quality of implementation is important for their success in supporting students. For example, a review of wellbeing interventions in schools across Australia, UK, Germany, Finland and Canada showed that longer-standing programmes which frequently revisited core messages were more valuable than one-off or less frequent programmes (Francis et al., 2021). Similar findings showed that engaging guest speakers to convey mental health and wellbeing content elicits long-term influence only if reinforced with follow-up activities and conversations within the school to consolidate the knowledge and skills (Scholz et al., 2024). Additionally, most whole-school programmes are delivered by school staff, who often do not receive formal training, rather than by mental health professionals. As such, it is critical that school leaders choose feasible and appropriate programmes to implement in their schools.

Reflections on the Irish context: Strain on teacher time and resources was repeatedly mentioned as a barrier to effective continuous professional development in the area of wellbeing and mental health (e.g., Blix et al., 2024). This barrier must be addressed if teachers are to acquire new, high-quality skills for supporting student mental health and wellbeing. This must be addressed in the context of delivering CPD within school hours, embedding wellbeing within initial teacher education, and examining how wellbeing is currently balanced alongside other priorities in the education system. Similarly, wellbeing and mental health support should be a key component of school leadership training with a particular emphasis on critical skills for identifying need and selecting relevant, impactful wellbeing and mental health resources and programmes for the school.

## **6.5 INTERSECTORAL SUPPORT FOR COMPLEX STUDENT MENTAL HEALTH NEEDS**

Schools and teachers can play a key role in early warning and identification of mental health difficulties, and as such, close intersectoral support could greatly support students with more complex mental health needs. School-based intersectoral collaboration with health services, mental health agencies, social services and other related services and agencies, will ensure schools can address the mental health needs of students using a transdisciplinary, cross-sectoral approach that includes parents and students themselves in the decision-making

process (Cefai et al., 2021). It is essential that these intersectoral interventions are as accessible, responsive, appropriate and equitable as possible. In co-operation with mental health professionals, schools can provide additional support either in small groups or in individual settings, to help learners in need progress (European Commission, 2024). These interventions are most effective when school staff, other professionals, parents/caregivers and students work together as a team. Key actions to implement this intersectoral support include equipping schools with the appropriate number of clinicians and counsellors; supporting schools to build networks with health providers; preparing teachers to understand and recognise early signs of mental health issues; and providing accessible information on helplines and school-based mental health services available for students and families (European Commission, 2024). Embedding psychological services (e.g., educational psychologists, counsellors) within schools was a key conclusion of the EU Youth Council on inclusive societies for young people (EU Youth Council, 2024). The youth advisory council stated that this action could enhance access to mental health care, aid in early stigma reduction, enable swift recommendations for further professional support, and provide easier access to services that prevent complex mental health problems. The key role of schools in mobilising and coordinating support for students and families also ensures that services are more accessible and destigmatising and can be linked with other support available at the school such as universal and selective interventions (European Commission, 2024).

Utilising intersectoral support to implement trauma-informed education is one evidence-based approach to addressing complex mental health needs in schools. Trauma-informed education builds awareness among educators about experiences of adversity and trauma and how these may impact students' learning and development (Cafaro et al., 2023). Individual trauma may result from witnessing or experiencing any event that poses a real or perceived physical or emotional threat, for example, natural or human-caused disasters, loss of a caregiver, abuse, accidents, violence, serious illnesses or medical procedures (Blaustein & Kinniburgh, 2019). Trauma can also result from chronic exposure to stress and adversity, such as poverty and discrimination (Shonkoff et al., 2021). The impacts of trauma on development and learning are significant, requiring school-level support and care (Chafouleas et al., 2021). One example, taken from the US Substance Abuse and Mental Health Service Administration (SAMHSA, 2014; Newton et al., 2024), outlines a framework for trauma-informed practice that consists of four Rs: realising that trauma is widespread, resisting re-traumatisation, recognising signs and symptoms of trauma, and responding with evidence-based practice. Often, trauma-related behaviours in schools are addressed with disciplinary measures, such as suspensions. However, these responses have the potential to retraumatise students, leading to additional distress and further escalation of the behaviour (Chafouleas et al., 2019). This highlights how a lack of teacher awareness of the signs and symptoms of trauma can inadvertently perpetuate and trigger further trauma-related distress. By contrast, a trauma-informed approach moves beyond managing student behaviour towards

understanding the behaviour (Morton & Berardi, 2018). Under this approach, external health services and mental health agencies can work with teachers to improve their ability to recognise signs and symptoms of trauma, create safe and supportive environments to minimise trauma-related distress (e.g., using restorative rather than punitive practices to address behaviour), build cognitive and self-regulation skills to address trauma-related symptoms (Newton et al., 2024) and signpost students for further support if needed. A growing body of evidence indicates that trauma-informed education promotes positive school experiences for students, improves school attendance and decreases social and emotional symptomologies related to anxiety and stress disorders (Cafaro et al., 2023; Newton et al., 2024; Roseby & Gascoigne, 2021).

Reflections on the Irish context: Ireland is currently undergoing significant changes in the provision of mental health professionals within school settings. This includes a current pilot of one-to-one counselling services in primary schools, enhanced supports from Education Wellbeing Teams, trauma-informed approaches delivered by NEPS, and further mental health training and resources through the Neart programme partnership between NEPS and Jigsaw. These are welcome developments in the context of insufficient access to youth mental health services in Ireland currently and evidenced desire among students for psychological services embedded in the school setting. With these changes, greater capacity will be needed for intersectoral collaboration across national youth, education and health services and government departments, as well as clear lines of communication with schools to ensure the needs of students are being met.

## **6.6 EQUITY, INCLUSION AND DIVERSITY IN MENTAL HEALTH AND WELLBEING PROMOTION AT SCHOOL**

A precondition for promoting wellbeing at school is ensuring an equitable environment which prioritises equity, inclusion and diversity (Cefai et al., 2021). A strategic focus on the mental health and wellbeing of vulnerable and marginalised students (e.g., low SES or migrant background; exposed to abuse, violence or bullying; LGBTQI+; Traveller background) strengthens the role of schools in promoting equity and equality. In many school settings and systems, socio-emotional learning has become synonymous with skill-building to foster self-management, self and social awareness, conflict resolution and responsible decision-making (Cipriano et al., 2023). However, common school socio-emotional learning and wellbeing interventions that place the onus on the young person to build skills to endure adversity have been criticised as being grounded in individualist and ableist values that perpetuate inequity of marginalised groups by not acknowledging or addressing power differentials (Maloney et al., 2024). As an alternative, transformative socio-emotional learning and wellbeing promotion aims to build awareness of potential inequities among the school and promote wellbeing in a way that serves the collective student body through inclusive, culturally responsive practices (Jagers et al., 2021). This approach incorporates and

celebrates diversity in students' identities and lived experiences in universal wellbeing promotion, by focusing on content relevant to the students in the school, the challenges they face and how this impacts their wellbeing and mental health. One example of this being implemented in the US describes how a school-wide wellbeing programme did not address prominent issues for students in one large Chicago school district, such as racism, deportations in the community and neighbourhood violence (McGovern et al., 2023). The school staff adapted the wellbeing programme to discuss these challenges and their impact on students' social and emotional health. Central to this approach is the engagement of students and cultivation of student-led wellbeing promotion and active learning. Student engagement may include youth advisory councils (Augsberger et al., 2024; Collins et al., 2020; MacKay et al., 2020), youth participatory action research (Cojocar, 2023; Ozer et al., 2021), peer-to-peer wellbeing promotion (Crooks et al., 2022; Ziegler et al., 2020), and service learning (Curtis, 2020; Dinizulu et al., 2024). A systematic review of universal wellbeing promotion programmes showed the importance of student engagement for student outcomes (Scholz et al., 2023). Students build agency by choosing which issues are important to them, and collaborative action builds relationship and prosocial skills through promoting the wellbeing of the wider community. In sum, this approach builds health identities and develops youth agency and civil engagement while promoting a sense of belonging at school and among peers (Maloney et al., 2024).

Reflections on the Irish context: While equity and promoting the wellbeing of all students is included in the Irish Wellbeing Policy Statement and Framework, there is little detail on how supports should be tailored to address the diverse needs of different student groups or how an emphasis on promoting inclusion can contribute to the wellbeing of the entire student body. This is reflected in the national figures indicating marginalised students fare worse than their peers on wellbeing and mental health (Dempsey & McCoy, 2025a; Higgins et al., 2024). Furthermore, these groups report feeling less connected, safe or listened to in school, which further contributes to gaps in wellbeing. A greater emphasis should be placed on centralising equity, inclusion and diversity in school wellbeing promotion; indeed, this should be viewed as a precondition for promoting wellbeing at school and a measure of the success of school efforts.

## 6.7 FOUNDATIONS OF WELLBEING

There is a growing recognition that for schools to promote students' wellbeing and mental health, they must support foundational needs such as nutrition, play and rest, physical activities and the arts. The intersection of arts, sports and wellbeing in schools creates a harmonious environment that nurtures both intellectual and emotional growth in young people and children (European Commission, 2024). Physical activity, proper nutrition and adequate sleep are inextricably linked with mental health. Reflecting this, primary schools in France are working to ensure every child engages in at least 30 minutes of daily physical activity by incorporating

physical activity into teaching methods. The implementation of this initiative is supported by comprehensive guides for teachers with practical strategies and tips, online resources and activities, and partnerships with local sports organisations. Further reflecting the importance of these foundations for wellbeing, guidelines from the European Commission (2024) on promoting wellbeing in schools suggest the following actions.

- Promote school nutrition programmes by supporting schools to offer nutritious and well-balanced meals
- Provide adequate physical education: ensure that schools have adequate spaces and resources and offer sufficient time for physical education classes and activities
- Promote the provision of pollution free, safe, outdoor, and child friendly spaces in schools and around schools for play, recreation and contact with nature
- In co-operation with health authorities and other relevant actors, develop policies to support the school's efforts to ensure health-promoting environments
- Organise national and international events and activities connected to physical activity, arts and literature, such as the "European Week of Sport" and the "Day of European Authors"
- Invest in awareness-raising campaigns for students, parents and teachers on the importance of balanced nutrition for physical and mental health
- Ensure that children and young people are involved in deciding, creating, and evaluating wellbeing programmes, events and activities
- Incorporate play, arts and recreation in the curriculum, recognising their crucial role in children's cognitive, social, and emotional development
- Pay attention to and support schools in ensuring foundations of wellbeing for teachers, such as a balanced workload, safe and motivating working environments and professional development opportunities.

Reflections on the Irish context: Irish schools promote several of the foundational student needs discussed above, particularly in primary schools. However, the link between these actions and activities and wellbeing and mental health could be further articulated and reinforced within the Wellbeing Policy Statement and Framework to ensure they are incorporated in school practice. This area could also benefit from strengthening community and family partnerships in Irish schools, including links with sports clubs, libraries, arts groups, national parks and charities.

## CHAPTER 7

# Monitoring and evaluating mental health and wellbeing in schools

### 7.1 CURRENT APPROACHES IN IRISH SCHOOLS

The Department of Education and Youth outlines several indicators of success that schools can use to identify and monitor their own strengths and targets for improvement and progress regarding their wellbeing-promotion initiatives. These indicators of success are categorised under the four key areas specified by the Wellbeing Policy Statement and Framework for Practice (Department of Education, 2018).

- First, culture and environment: the indicators of success are that children, young people and staff experience a sense of belonging and feel safe, connected and supported; and that systems are in place so the voice of students, teachers and parents are heard and lead to improvements in school culture and ethos.
- Second, curriculum: the indicators of success are that students experience positive, high-quality teaching, learning and assessment, which provide opportunities for success for all; and that students access curricular activities to promote their physical, social and emotional competence.
- Third, policy and planning: the indicators of success are that schools use the self-evaluation process, and incorporate wellbeing promotion into whole-school policies and practices.
- Finally, relationships and partnerships: the indicators of success are that students, parents and external partners are actively involved in wellbeing promotion within the school; and that all adults in the school have an increased awareness of the importance of wellbeing promotion.

These indicators of success are expanded upon as statements of effective practice that act as a reference tool for schools to engage with and develop their best practice items (Department of Education, 2018). The Department of Education and Youth also list student attendance, successful school completion and successful transitions of students as suggested measurements for success of school wellbeing promotion processes.

In Ireland, schools have autonomy in how they monitor and evaluate their wellbeing promotion strategies, through the school self-evaluation process. Schools are familiar with this process and it is consistently used to self-evaluate across areas of school performance and progress. The Department of Education and Youth provides guidelines on the conduct of school self-evaluations in primary (Department of Education, 2020a) and post-primary schools (Department of

Education, 2020b). The steps involved in school self-evaluation for wellbeing are (1) identify wellbeing as a focus; (2) gather evidence; (3) analyse and make judgements; (4) write and share report and improvement plan; (5) put improvement plan into action; and (6) monitor actions and evaluate impact (Department of Education, 2021). This self-evaluation process is complemented by the new Promotion of Wellbeing in School Evaluation model, recently introduced. Schools are expected to produce an SSE report and School Improvement Plan each year.

The Department provides resources for schools gathering evidence, including focus group guidelines and sample questionnaires for parents, students and school staff. The sample questionnaires provide single-item questions (e.g., ‘the school is welcoming and accessible to all students’; ‘I feel safe when in school’) but do not suggest the use of validated scales to capture constructs such as wellbeing, school belonging, etc. This limits the robustness of the data collected via these surveys and the ability to conduct national and international comparisons of their results. However, the brevity and flexibility of the suggested surveys is a benefit for schools under significant time constraints. This data collection conducted by schools can complement information from school inspection reports.

Aside from the above approaches that directly aim to assess wellbeing promotion in schools, other data sources may also prove useful in understanding the role of school experiences for student mental health and wellbeing in Ireland. Information could be drawn from nationally representative studies such as Growing Up in Ireland, Children’s School Lives and PISA data. Additionally, individual research projects such as the JMB-funded study of Voluntary Secondary Schools and studies conducted in the DCU Anti-Bullying Centre could provide more detailed findings on particular groups of students and schools. Finally, the Well-being Information Hub developed and maintained by the Central Statistics Office also provides a snapshot of current rates on several wellbeing indicators across the Irish population.

## **7.2 CASE STUDIES ON INTERNATIONAL APPROACHES**

### **The United Kingdom**

The UK government has acknowledged and acted on improving provision of youth mental health supports, including a focus on the role that schools play in supporting the mental health and wellbeing of children and young people. The Department for Education and Office for Health Improvement and Disparities published guidance on the eight principles of a whole-school approach to mental health and wellbeing: an ethos and environment that promotes respect and values diversity; leadership and management that supports efforts to promote emotional health and wellbeing; staff development to support own and student wellbeing; curriculum teaching and learning to promote resilience and support social and emotional learning; enabling student voice to influence decisions; identifying the

need for and monitoring impact of interventions; targeted support and appropriate referral; and working with parents and carers (Department for Education, 2015).

To facilitate this, resources and provisions have been developed within schools including the appointment of mental health leads in schools and evidence-based practical resources, training, toolkits, blog and hub for school mental health leads. These were created in partnership with researchers at UCL and the mental health charities Anna Freud Centre, Young Minds and Place2Be (see <https://mentallyhealthyschools.org.uk/>). The UCL Anna Freud Centre and Department for Education developed a set of suitability criteria which are used to assess all submitted tools and resources for their suitability and relevance for inclusion on the hub. It is also noted that the resources are not funded or endorsed by the Department for Education, unless otherwise stated. The suitability criteria used are shown in Figure 7.1.



**FIGURE 7.1 THE SUITABILITY CRITERIA FOR TOOLS AND RESOURCES CONTAINED IN THE ANNA FREUD MENTALLY HEALTHY SCHOOLS CLASSROOM AND WELLBEING HUB**

## Suitability criteria

All tools and resources submitted to the hub will be assessed against the following set of suitability criteria for the purposes of selecting the most appropriate products for inclusion in the hub.

Although not included in the official criteria, those submitting resources should note that accessibility principles will be taken into account when assessing resources. This could include the colours used in your resource, the font size, the layout, and the digital accessibility of any websites or online materials.

	Suitability criteria	Examples of things our team will be looking for
1	Content is clear, accessible, and promotes positive attitudes and values towards mental wellbeing.	<ul style="list-style-type: none"> <li>• Clear objectives and clear delivery guidance</li> <li>• No clinical or academic jargon</li> <li>• Easy to read and navigate</li> </ul>
2	Content builds upon knowledge, understanding, and awareness of mental wellbeing, and accurately represents its intended outcomes.	<ul style="list-style-type: none"> <li>• Information is realistic and relevant</li> <li>• Potential triggers acknowledged throughout</li> <li>• No images which perpetuate negative images about mental health; e.g. photographs of children showing visible distress</li> </ul>
3	Does the resource provide knowledge, understanding and awareness that a senior mental health lead is able to use to help them lead a whole-school or college approach?	<ul style="list-style-type: none"> <li>• Suitable content for a senior mental health lead (or someone with the responsibility for mental health in their setting)</li> <li>• The resource has been designed to optimise usability and reduce burden on teachers</li> <li>• The resource can be adapted to meet the needs and demographics of different settings or communities</li> </ul>
4	If aimed at children and young people, is the resource age and developmentally appropriate and sensitive to the needs of all, or can be adapted to suit need (e.g. SEND)?	<ul style="list-style-type: none"> <li>• Age or key stage is clearly stated</li> <li>• Content is correctly targeted at that age range</li> <li>• Child protection and safeguarding concerns are considered</li> </ul>
5	The content recognises the importance of creating an ethos and culture that promotes respect and values diversity.	<ul style="list-style-type: none"> <li>• Current and appropriate language is used</li> <li>• Content does not perpetuate negative stereotypes</li> <li>• Where relevant, content recognises the impact of cross-cultural contexts</li> </ul>
6	Resources and strategies are informed by high-quality research and underpinned by a reliable evidence-base.	<ul style="list-style-type: none"> <li>• High-quality research and/or a reliable evidence base are referenced</li> </ul>
7	Does the resource promote all of its intended objectives?	<ul style="list-style-type: none"> <li>• The objectives of the resource are clear and relevant</li> <li>• The resource meets its stated objectives</li> </ul>

Source: Anna Freud Mentally Healthy Schools <https://mentallyhealthyschools.org.uk/about/quality-assurance-and-evidence/>

Several challenges were identified in the roll-out of effective and suitable mental health programmes in UK schools, namely the large variety of interventions that have mixed evidence on their effectiveness; evidence not being accessible to schools; evidence often being based on US samples; and the significant role of context and implementation on the effectiveness of interventions. For these reasons, UCL and the Anna Freud Centre, in collaboration with the Child Outcomes Research Consortium (CORC), also developed a toolkit that schools can use to monitor and measure students' mental health and wellbeing along with an accompanying e-learning module for school staff. The key principles behind this monitoring are that the tools used must be already developed and tested to ensure their reliability and validity, be acceptable to students and staff, and be feasible to complete in a normal class. The resources aim to raise awareness among school staff of the range of validated tools that are available to help measure subjective mental wellbeing among the student and school body. This facilitates school

leaders to make use of school data to identify the wellbeing needs of students and determine how best to address these.

The resources emphasise that school efforts to promote the wellbeing of students create a virtuous circle, reinforcing attainment and achievement that in turn improve wellbeing, enabling students to thrive and achieve their full potential. To raise awareness of this, the resources provide an overview of what wellbeing is and how schools contribute to student wellbeing. Three purposes for measuring student wellbeing are then outlined, namely: to provide a snapshot of wellbeing to inform school practices and policies; to identify individuals who might benefit from early support or swifter access to specialist support; or to evaluate the impact of current supports and interventions. The toolkit emphasises the importance of identifying the primary purpose of the data collection, which should guide subsequent steps in implementing wellbeing measurement in school (see Figure 7.2 below on steps to be taken when measuring wellbeing in schools). A number of practice examples are then given from a range of schools which have used the wellbeing measures to provide a snapshot, identify students or evaluate current wellbeing promotion. Practical advice, co-written with young people, is provided on how to use wellbeing measures with students, including where to complete the measures, how to support students to complete the measures, and how to develop scripts for introducing the measures to students.

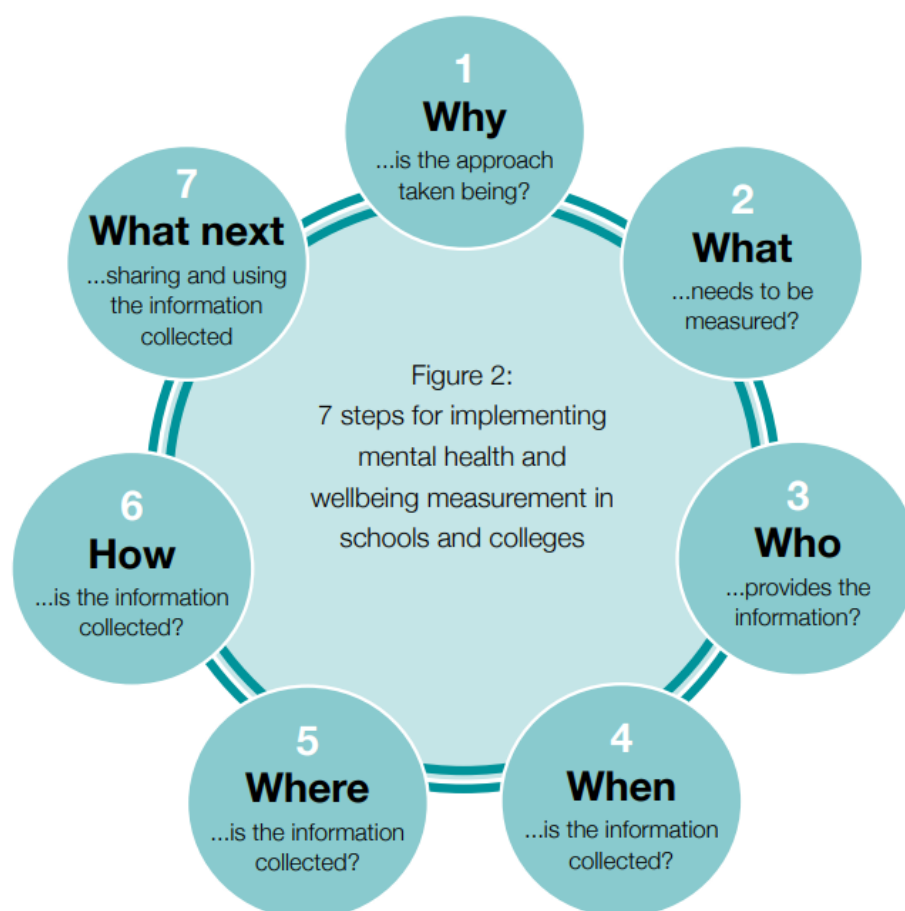
Schools can either measure student mental health and wellbeing on a whole-school basis or carry out a focused evaluation of a specific intervention adopted in the school. For monitoring whole-school mental health and wellbeing, year group surveys are administered to students, who report on constructs such as their mental health, wellbeing and resilience. Surveys are completed annually, and schools review aggregate feedback on their students, which they can compare to the national backdrop. Schools use the feedback to understand the strengths and needs of the student body and inform decision-making around the selection and development of mental health and wellbeing support for students. The surveys used are available online within the Wellbeing Measurement Framework (Evidence Based Practice Unit, 2025).

For focused evaluations of specific interventions adopted by schools, a model is provided for developing a coherent understanding of the aims and anticipated outcomes of the activity, and finding practical and achievable means to evaluate the activity. To do so, four steps are outlined. First, describe the intervention, using a developed and validated approach (Hoffmann et al., 2014), which includes concrete details about who would deliver the intervention, over what period, in what setting and using what tools. Second, create a logic model for the intervention, and use this to select an evaluation design and measures based on the key elements of the model (Wolpert et al., 2016). Third, action the evaluation, including using the Wellbeing Measurement Framework to create questionnaire

and interview tools, and collect and safely store the data. Finally, analyse the qualitative and quantitative data collected, report the findings and recommendations, and share these with school staff and students.

A number of validated instruments are provided for schools to measure student wellbeing. Details for each measurement include descriptions, suitable age range, respondent, response options, subscales, costs, key references and examples. Included are various measurements of student wellbeing as well as related measurements that schools may be interested in capturing, including family relationships, peer relationships and popularity, emotional and social skills, health, coping, life satisfaction and happiness, self-appraisals, specific symptoms, functioning, goal progress, use of time and money and future plans, home environment, neighbourhood environment, school environment and feelings towards school, attitudes towards learning, views on service support. The measurement instruments have various respondents, being completed by students, parents, school staff or practitioners.

**FIGURE 7.2 CHILD OUTCOMES RESEARCH CONSORTIUM'S STEPS FOR IMPLEMENTING MENTAL HEALTH AND WELLBEING MEASURES IN EDUCATIONAL CONTEXTS**



Source: Child outcomes research consortium:  
[https://www.corc.uk.net/media/1176/201609mental\\_health\\_toolkit\\_for\\_schools\\_and\\_colleges.pdf](https://www.corc.uk.net/media/1176/201609mental_health_toolkit_for_schools_and_colleges.pdf)

## Denmark

Economic logic and accountability play a strong role in Danish policies and practices, including within primary and secondary schools (Laurson, 2025). In this context, the link between student wellbeing and academic achievement and progression is highly emphasised and shapes practices in schools (Ministry of Education, 2019a; Laurson, 2025). There has been a significant and long-standing focus on supporting the wellbeing of students across the Danish school system, stemming from a comprehensive public-school reform led by the Danish government in 2014. A key goal of this reform, along with improving the academic standards of students, was to strengthen and monitor student wellbeing by means of a yearly online wellbeing survey. The Ministry of Education appointed a commission with the aim of developing a Danish Student Well-being Questionnaire (DSWQ) (Danish Ministry of Education, 2014, Figure 7.3 below).

Denmark is unique in conducting the DSWQ, an annual mandatory measure of wellbeing among all public schools in Denmark from preschool (grade 0) to grade 9, the end of compulsory schooling, age 16 years. Children in Denmark start school

during the calendar year of their sixth birthday. The questionnaire for students for grades 0–3 consists of 20 items, while that for students in grades 4–9 contains 40 items. The wording of the questions differs slightly between the two questionnaires and fewer response choices are available for the 20-item questionnaire. Niclasen et al. (2018) analysed the data from the 2015 survey for 268,357 students in grades 4–9, supporting the inclusion of four main sets of variables in an overall wellbeing measure. The four scales measure school connectedness, learning self-efficacy, learning environment and classroom management. They propose also including two items measuring bullying and two items focusing on psychosomatic problems, because these also capture important aspects of school wellbeing. Niclasen et al. (2018) concluded that the variables address central aspects of wellbeing, which may support schools' work to increase levels of student wellbeing.

**FIGURE 7.3 THE FACTOR STRUCTURE OF THE DANISH STUDENT WELL-BEING QUESTIONNAIRE (DSWQ)**

Table III. The proposed new factor structure for the DSWQ.	
Danish student well-being questionnaire	Cronbach's $\alpha$
<b>Factor 1: School connectedness</b>	0.86
1 Do you like your school?	
2 Do you like your class?	
6 Do you feel lonely?	
7 I feel that I belong at this school	
10 Most of the students in my class are kind and helpful	
11 Other students accept me as I am	
16 How often do you feel safe at school?	
<b>Factor 2: Learning self-efficacy</b>	0.83
3 What do your teachers think of your progress in school?	
5 Do you succeed in learning what you want in school?	
11 How often can you find a solution to problems, if you try hard enough?	
12 How often can you manage the things you set your mind to?	
13 Can you concentrate during lessons?	
14 I do well in school, academically	
29 If I am interrupted during class, I can quickly concentrate again	
34 If something is difficult for me during class, I can do something about it myself to move on	
<b>Factor 3: Learning environment</b>	0.82
4 Do your teachers help you learn in ways that work?	
19 Lessons make me want to learn more	
22 The teachers are good at supporting and helping me at school when I need it	
27 Do you and your classmates have a say in what the class works on?	
28 The teachers ensure that the students' ideas are used in class	
32 Are the lessons exciting?	
38 I like the surroundings outside my school	
39 I like the classrooms at my school	
<b>Factor 4: Classroom management</b>	0.64
30 If there is noise in the classroom, teachers can quickly establish quietness	
35 Do your teachers show up for classes on time?	
36 Is it easy to hear what the teachers say during lessons?	
37 Is it easy to hear what the other students say during lessons?	
<b>Additional items</b>	
9 How often do you have stomach ache?	
10 How often do you have headache?	
23 Have you been bullied this school year?	
24 Have you bullied anyone during this school year?	

**Source:** Niclasen, J., Keilow, M., & Obel, C. (2018). Psychometric properties of the Danish student well-being questionnaire assessed in >250,000 student responders. *Scandinavian Journal of Public Health*, 46(8), 877–885. <https://doi.org/10.1177/1403494818772645>

**Notes:** The inclusion of the response choice 'do not want to answer' was found to have a large influence on the distribution of responses. In this study, this response choice varied between 0.6 per cent and 6.1 per cent and was mostly used for the more sensitive items – for example, the two bullying items – or for items that were considered difficult for

the students to respond to (e.g. item 3). From a psychometric perspective, they recommend that this response choice be excluded in future versions of the DSWQ.

Several studies have examined the rigour of the wellbeing measure (overall and subscales) and associations with a range of student and school characteristics and outcomes. Larsen et al. (2020) examined the school social wellbeing segment of the national wellbeing survey. They show that low social wellbeing is related to measures of pupil and parental disadvantage, just as teacher characteristics and classroom composition are additional important predictors of wellbeing. They also show that social wellbeing exhibits high degrees of persistence over time. They conclude that the school social wellbeing sub-indicator could be a useful indicator of wellbeing among Danish pupils (Larsen et al., 2020).

Using the survey data from 2016 for students in grades 4–9, Andersen et al. (2020) examine the links between personality traits and academic performance. They identify eight questions in this survey that measure Conscientiousness, Emotional Stability and Agreeableness. Of the three traits, Conscientiousness was the most important predictor for educational performance, and it is important across primary and lower secondary settings in predicting reading performance. Emotional Stability, by contrast, displayed a more clearly changing relationship with academic performance as students aged. Students with high Emotional Stability tended to perform better in the reading tests in all grades, but less so in lower secondary.

More recently, a steady stream of statistics, including the DSWQ and data from the Danish Health Authority and the Danish Centre for Social Science Research, show an increase in young people's self-reported mental health issues (Jensen et al., 2022; Jeppesen et al., 2020). The share of young people between 16 and 24 years of age reporting poor mental health rose from around 15 per cent in 2010 to almost 25 per cent in 2017 (Andersen et al., 2020). Figures from 2021 show a further increase to 34 per cent scoring low on mental health among young women aged 16–24 years and 21 per cent for young men (Jensen et al., 2022). Academics in Denmark point to 'changes cultivating more demands for performance in the educational system, a more precarious labour market, the evident but unknown effects of widespread use of social media, and an increasing tendency to pathologise divergent forms of behaviour, contributing to new forms of vulnerability among young people' (Görlich et al., 2024).

Finally, based on 2022 survey data with grade 4–9 students (N=3,837) from 43 primary schools in nine Danish municipalities, Qvortrup & Lykkegaard (2023) identify six clusters of Danish students with different levels of wellbeing and stressors based on five factors. Applying the Stress Framework, they characterise the different clusters as a cluster with no stress (20 per cent of students), a cluster with positive-to-tolerable stress (20 per cent of students), a cluster with tolerable stress (23 per cent of students), a cluster with tolerable-to-toxic stress (16 per cent of students), and two clusters with toxic stress (9 per cent and 12 per cent of

students respectively). They discuss which clusters are at risk of negative long-term educational consequences and suggest the need to implement mitigating initiatives for students in the clusters identified with tolerable-to-toxic and toxic stress.

In response to growing public concern around declining wellbeing and mental health among Danish children and young people, a Wellbeing Commission was established in 2023, with the goal of examining the extent and causes of the increasing lack of wellbeing of children and young people across different education contexts (age range 0–25 years). It also included the establishment of an expert group to provide evidence on AI and chatbots and how to deal with digital aids and the risks of cheating in tests at schools and educational institutions (Børne- og Undervisningsministeriet, 2024a; 2024b). The Wellbeing Commission's (2025) report includes 35 recommendations, grouped according to and addressing the different age groups and arenas – the family, institutions, the digital world, civil society and leisure life – in which children and young people live their lives. Recommendations include regulations on the use of smartphones, screens and digital services: the Commission recommends that children's smartphone access be postponed until the age of 13 and that smartphones be banned in all primary, lower and upper secondary schools (Trivselskommissionen, 2025). The recommendations are presented under eight headings: a new language for wellbeing; a balanced digital life; character formation and empowerment; an up-to-date pedagogical practice; communities in leisure time; body and movement; early and timely intervention; and parenthood in 2025 (Trivselskommissionen, 2025). Further guidelines are being developed for the use of digital aids such as chatbots and smartphones (Børne- og Undervisningsministeriet, 2025c). These recommendations are viewed as strongly linked with children's wellbeing in school, school absenteeism and the impact of social background on school performance.

## Australia

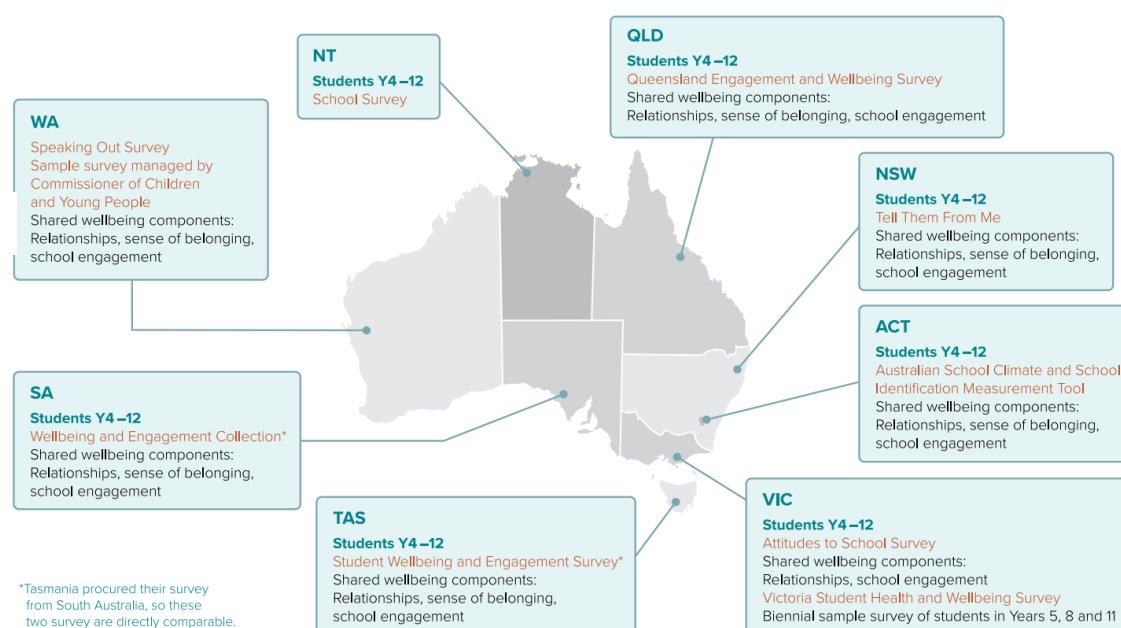
Australia has maintained a strong focus over several decades on systematically promoting wellbeing in schools, understanding the important link between health and education. At the broadest level, these programmes typically take the form of frameworks and initiatives such as the Australian Student Wellbeing Framework, which supports schools in providing students with a robust foundation to reach their learning goals and life aspirations. The national whole-school mental health initiative currently being implemented in Australia (Be You) commenced in late 2018, built on its predecessors: MindMatters (2000), KidsMatter Primary (2007) and KidsMatter Early Childhood (2010). Education systems and sectors are guided by nationally agreed goals, which specifically state that education must support the wellbeing, mental health and resilience of young people alongside the focus on literacy, numeracy and learning the curriculum (Education Ministers, 2019). While these national documents do not explicitly define wellbeing, they refer to

intellectual, physical, social and emotional wellbeing, suggesting these are elements which schools should consider monitoring (Ofei-Ferri et al., 2023).

Facilitating the translation of these policy statements into practice, the Australian Student Wellbeing Framework and accompanying Student Wellbeing Hub support schools to build and maintain safe, inclusive and positive learning communities. The Hub is designed to be responsive to issues affecting students and schools and to help build positive, respectful and supportive teaching and learning communities. The Hub provides teachers, parents, students and leaders with resources to help students reach their aspirations in learning and in life through a focus on leadership, inclusion, student voice, partnerships and support. Resources are reviewed and collated in a single, accessible directory. Schools then develop their own school wellbeing improvement plan and engage with interventions aimed at supporting student wellbeing. The national programmes directory indicates that over 200 school-based wellbeing programmes are available to Australian schools. Of this large number of programmes, only 23 per cent gave concrete evidence of their impact in published studies (Dix et al., 2020). Over half (56 per cent) had low-quality evidence, where only an underlying theoretical framework was identified but no empirical test of impact, and 22 per cent showed ‘medium’ quality evidence, with some related research (Dix et al., 2020). The Hub also provides a school wellbeing check: a 25-item survey to identify and analyse how an individual school performs across the five key elements of the Australian Student Wellbeing Framework. However, compared to the UK, these resources leave it up to schools to conceptualise and design their measurement of wellbeing, and subsequently, this differs widely across systems depending on specific objectives and contexts (Ofei-Ferri et al., 2023).

As Australian states and territories have their own school wellbeing frameworks and strategies, the data that systems, sectors, schools and services collect on student wellbeing reflect these localised policies, standards and frameworks. While there is some overlap, approaches vary in how wellbeing is measured and collected in Australian schools. All states and territories collect student wellbeing data through annual student surveys of Years 4 to 12, which span primary and secondary school years up to the age of 18. The Departments of Education across the Australian states provide school-level snapshots of wellbeing survey responses back to school leaders, broken down by variables such as year group, gender, state-average comparisons and trend data for different measures. The timeliness of the data dissemination varies between states and territories. For example, in New South Wales, data reports are received by schools within three days of the ‘Tell Them From Me’ wellbeing survey window closing; in other jurisdictions, it may take longer for schools to receive this data. In some jurisdictions, independent and Catholic schools use the same surveys provided to government schools.



**FIGURE 7.4 AUSTRALIAN EDUCATION RESEARCH ORGANISATION'S MAP OF STUDENT WELLBEING SURVEYS USED BY AUSTRALIAN STATE AND TERRITORY GOVERNMENTS**

**Source:** Ofei-Ferri, S., Collier, A., Lind, R., & Griffiths, K. (2023). Student wellbeing data and measurement in Australia. *Australian Education Research Organisation*. <https://www.edresearch.edu.au/resources/student-wellbeing-data-and-measurement-australia>

**Notes:** This information is adapted from the National Student Wellbeing Project report and State and Territory websites.

These student wellbeing data are also used at the state and territory level to inform planning and policy decisions. Data linkages connecting student wellbeing information, enrolment data and the National Assessment Program – Literacy and Numeracy (NAPLAN) have created datasets in several jurisdictions which facilitate a broad range of investigations into student wellbeing. Some states and territories are also linking student wellbeing data with data from agencies such as community services or health to build a broader picture of the wellbeing of children and young people or exploring cross-jurisdictional data linkages. For example, South Australia, Tasmania and the Australian Capital Territory have partnered with the University of South Australia to create linked datasets that combine comparable components of their state-based student wellbeing and engagement surveys with demographic, attendance and NAPLAN data. These linked datasets support future research efforts to further map the reciprocal relationship between wellbeing and engagement outcomes and learning outcomes (ARDC, 2021). Jurisdictions also use data from student wellbeing surveys to gain insights into specific programmes or the impact of learning disruptions such as student experiences of COVID-19. Additionally, some jurisdictions use their student wellbeing data to evaluate the effectiveness of wellbeing programmes and to better understand the relationship between wellbeing components and other student outcomes.

The tradition of collecting student wellbeing data in Australia has produced a myriad of evidence on school-based wellbeing support from across regions, but overall evidence of comparative national data is lacking. For example, in New South Wales, data from the programme Tell Them From Me highlight the reciprocal links

between student engagement, wellbeing and performance at school (Centre for Education Statistics and Evaluation, 2017). The South Australian Department of Education administered a joint research study with the Telethon Kids Institute which linked data from the Australian Early Development Census (AEDC) and the South Australian Department of Education Wellbeing and Engagement Collection. This research resulted in several findings, such as evidence of associations between learning and subjective wellbeing (measured by life satisfaction, sadness and worries), and the importance of language and cognitive skill at school entry for subsequent trajectories of student wellbeing (Gregory et al., 2021). However, the localised approach to conceptualising, designing and implementing wellbeing support in schools also brings challenges. The risk of data and tools being used inappropriately or inaccurately by schools is heightened, for example, administering wellbeing surveys which ask sensitive questions about mental health without upholding the duty of care requirements for asking such sensitive questions. This approach also means jurisdiction-based measures are not always directly comparable.

## Canada

Similarly to Australia, Canadian health and education ministries operate at provincial and territorial levels. However, a Pan-Canada Joint Consortium for School Health (see <https://www.jcsh-cces.ca/>) was established in 2005 by provincial, territorial and federal governments (Public Health Agency of Canada, 2022). The Consortium brings representatives together to collaborate and support the health and wellbeing of school-aged children and young people in Canada, promote comprehensive school health and the general wellness and success of students. The Consortium develops resources to facilitate schools to create and support a healthy school environment. These include a positive mental health toolkit, a healthy school planner for assessing the school's health environment and suggest improvements, and a youth engagement toolkit that supports engaging effectively with youth as a key approach for implementing comprehensive school health and wellbeing. A grant programme is also run by the Public Health Agency of Canada for school students aged 13 to 19 who have ideas for developing a youth-driven project to improve health and wellbeing in their school, under priorities such as positive mental health and wellbeing (Public Health Agency of Canada, 2022).

In line with this national interest, the province of British Columbia has made significant policy and curriculum changes to promote student social and emotional wellbeing and promote safe and caring schools (Maloney et al., 2024). A central component of this has been increased collaboration by community partners in education, government, healthcare and research to break down silos and support a whole-community approach to promoting student wellbeing. Government and healthcare partners have worked to build awareness of the importance of, and to provide guidance on, evidence-based approaches to promoting wellbeing in

schools. University partners are championing students' perspectives and facilitating province-wide assessment of self-reported wellbeing. School districts are prioritising the promotion of wellbeing among students and staff and increasing the implementation of evidence-informed practices and initiatives. This cross-sectoral work undertaken in British Columbia (BC) has been documented as a practical example of implementation theory that could be used to guide work in other regions (Maloney et al., 2024). The approach used will be outlined below, and follows three iterative components: build awareness, conduct an assessment and initiate action.

### ***Build awareness***

Awareness of why wellbeing promotion is necessary in schools, and especially for those students' experiencing adversity, begins with professional development for school staff. Awareness involves building social and emotional competencies among school staff to help them build self-awareness around unconscious biases that may be perpetuating inequity at school, and social awareness to ensure that wellbeing promotion initiatives are inclusive and responsive to the school context. This should include opportunities for student and staff engagement to reflect on their perspectives on school experiences and investigate how to better support the wellbeing of school staff and students. Policymakers can support this work by prioritising the provision of wellbeing professional development for school staff in mental health strategies; school districts can be supported by mental health and wellbeing professionals to choose wellbeing initiatives that fit the school context (Short et al., 2018).

To build awareness, first, the BC Ministry of Education launched its Mental Health in Schools Strategy in 2020 (BC Ministry of Education, 2020), which aims to create school systems that promote wellbeing, celebrate diversity and address inequity and discrimination. Key initiatives for building capacity to support student wellbeing in school include socio-emotional learning, trauma-informed practices and mental health literacy. Second, the Ministry of Education and Child Care worked with the Health Promotion and Health Literacy Team at BC Children's Hospital to release a practical guide for educators aimed at expanding awareness of the role of these practices in schools in preventing mental health and substance use issues and promoting wellbeing (BC Ministry of Education and Child Care, 2024). Third, the Health Promotion and Health Literacy Team at BC Children's Hospital provides a coaching programme for school districts and their mental health leaders. In this programme they co-create mental health plans shaped by the key policy initiatives to promote student wellbeing. This includes mapping out current initiatives in schools to help them recognise their strengths in supporting student and staff wellbeing, and building awareness of opportunities where new initiatives may support these efforts. They use data collected by collaborating research teams to guide this work. This sets the stage for action and continued support for schools in their implementation of mental health plans.

### ***Conduct an assessment***

Assessment of school experiences and wellbeing is undertaken in schools to provide a comprehensive snapshot of student experiences and insights on wellbeing. Schools are advised that the assessment should include student-report measures of social and emotional competencies, school experiences and wellbeing, and include subpopulation analyses by demographic information. Collecting demographic information on students, including gender and sexual identity, neurodiversity, disability and mental health condition is important. These measures help to understand the proportion of students facing adversity and whether school initiatives are supporting the wellbeing of these students.

To conduct an assessment of student wellbeing, schools across BC teamed up with researchers at Simon Fraser University and the University of British Columbia to assess the social and emotional competencies, school experiences and wellbeing of their students via two self-report surveys developed for schools: the Middle Years Development Instrument (MDI; Guhn et al., 2012; Schonert-Reichl et al., 2013) for early adolescents and the Youth Development Instrument (YDI) for late adolescents (Samji et al., 2021). The research teams produce reports for schools that summarise their data, and reports for health and community organisations and policymakers that raise awareness of local level prevalence of wellbeing risk and protective factors.

### ***Initiate action***

Once schools have built an awareness of what wellbeing supports are needed for their context, they can identify where they need to make explicit shifts in school practice, policy and climate that may be contributing to students' wellbeing. A foundational aspect to wellbeing promotion at school is cultivating a caring environment, where student behaviour is recognised as communication of needs (Noddings, 2005) and school staff are committed to each potential for growth, learning and mastering new materials (Jagers et al., 2019). A school environment that is safe and supportive not only reduces the potential for trauma-related distress at school (Chafouleas et al., 2023) but also promotes universal wellbeing for all (Schonert-Reichl, 2019). Caring administrators do the same for their staff, by providing a supportive, inclusive environment that promotes equity and excellence for staff and by offering professional development programmes and other initiatives that promote self-care through stress-reduction techniques (Harris et al., 2016). Government systems can support teacher wellbeing by addressing systemic inequity and ensuring that teachers from a diversity of backgrounds are being recruited. They can also create positive working conditions, such as smaller class sizes, adequate pay and a healthy school environment, to support teacher wellbeing (Hascher & Waber, 2021). Schools can then identify evidence-based wellbeing promotion initiatives that may serve their school context. This includes choosing or adapting initiatives to be responsive to the needs of the school context, via youth advisory councils, peer learning opportunities and teaming up with

universities to conduct youth participatory action research. As schools take action, the iterative process begins again, with ongoing awareness and assessment of whether actions are well-received and effective in supporting student wellbeing.

To initiate action, the BC Ministry of Education and Child Care provides schools with resources and educator networks to create inclusive learning environments and promote positive wellbeing. Teaching resources are available to ensure all students are represented in the curriculum. Out of these resources provided by the Ministry, schools choose which wellbeing promotion programmes to implement based on their school context needs. Peer-to-peer programmes are implemented that are designed for students with experiences of adversity or inequity. Students take part in meaningful engagement with policymakers to promote wellbeing while addressing systemic barriers contributing to inequity. Schools include service-learning activities in which students support community activities, such as running extracurricular activities for younger children. Additionally, youth advisory groups are created in schools, government, hospitals and research institutes. For example, the research teams facilitate a youth advisory council who provide feedback for the ongoing research, and mobilise findings into action through social media campaigns and presentations to policymakers, academic audiences, community groups and other students (Kaufmann et al., 2024; Samji et al., 2023).

In conclusion, this evidence-based approach provides a robust methodology for implementing school-based support for students' wellbeing and realises a whole-community approach to promoting student wellbeing that involves community partners in education, government, healthcare and research (Maloney et al., 2024). Strengths of this approach include that assessment prior to implementation of wellbeing supports in schools provides a critical understanding of the landscape of students' wellbeing and contributing school experiences. Subpopulation analyses help schools build awareness of whether existing supports serve all students and whether targeted action is necessary in addition to universal programmes of support. Finally, having a baseline of student social and emotional competencies, wellbeing and school experiences before implementing action will help schools evaluate whether actions have been effective.

## CHAPTER 8

### Recommendations for measuring and monitoring wellbeing and mental health in Irish schools

The results emphasise the need to **provide schools with guidance on how to conduct measurement and monitoring of student wellbeing and related constructs**. Conducting robust data collection requires skill and knowledge that school personnel may not already hold. Also, guidance needs to be provided to ensure the usefulness of any future measurement and monitoring processes adopted in Irish schools. Resources such as the toolkits, implementation plans, measurement guides, and advice on wording and dissemination referenced in the above case studies should be developed, before schools are required or encouraged to conduct any evaluation or monitoring of their own processes. A key component of this guidance should be how to adopt robust measurements and ensure they are relevant to the school context without altering anything within the measurement that might compromise the quality of the data or their generalisability. Schools should also be provided with guidance on ethical approaches to data collection, particularly with young people.

It is important to ensure that **measuring and monitoring student wellbeing and mental health is guided by the goals of the evidence collection**. Before conducting any measurement, the body in charge of the process (which may be the school, NEPS, Jigsaw, etc.) should first identify the goals of evidence collection. These goals should inform the method adopted. Examples of goals could be to provide a snapshot (or baseline measure) of all students' wellbeing and mental health in each school context, to evaluate the impact of a particular school-based initiative or wellbeing-related process, or to analyse differences in the wellbeing and mental health of subgroups of students, for example, based on demographic characteristics. Identifying and clarifying the reason for measuring student wellbeing or related constructs in the school setting should guide every step of the process, including what is collected, who it is collected from, when and at what frequency, in what manner, whether a control/comparison group is included, how data are analysed, and what results are shared and with whom.

**Tools and methods used in the measuring and monitoring of student wellbeing and mental health must be robust and comparable to provide high-quality, useful data.** Wellbeing and mental health are multifaceted, complex psychological constructs that require the use of robust measurement tools to capture accurate data that are reliable, valid and appropriate for students' developmental age. Moreover, using consistent measurement tools and methods will greatly facilitate the ability to situate data collected on Irish students' wellbeing and mental health in the wider context. This could include tracking these outcomes over time, examining differences across student subpopulations within Ireland and conducting international comparisons. A significant number of high-quality

measurement tools are readily available for assessing student wellbeing and mental health. Schools should be signposted to these and provided with guidance on how to select measures to use depending on the aims and nature of their data collection.

Throughout this report, it is clear that **students should be at the centre of how any measurement or monitoring of wellbeing, mental health and related constructs is conducted**. This includes involving students in the decision-making regarding the purpose of any proposed data collection, the design and approach taken, who has access to the data collected and how they are shared and analysed, and how the results are used to inform future practices and policies in the school. This approach will ensure that students feel comfortable with the process and are willing to speak freely, and feel that any monitoring of their wellbeing and related measures is appropriate and the purpose well understood. Central to this is ensuring that any data collected lead to an evident change or outcome in school processes. Students should be central in the interpretation of data collected and discussions and decision-making on actions and next steps based on the results.

**The main findings and evidence gathered should be shared with the school body including students and families to ensure they have impact.** Asking students to report on topics related to their mental health and wellbeing can be sensitive and potentially upsetting. It is critical that this is acknowledged by those collecting any data, and that the appropriate care is taken throughout the process to ensure students feel supported and know where to access help or guidance relating to anything involved in the study. A key component of this care and respect is ensuring students and their families are informed, as appropriate, on what the aims of the data collection are, what is being asked, and what the planned uses of the findings are. How findings are shared should be decided and announced prior to data collection. While it is not always appropriate to share individual-level data with the student body, the findings and planned actions resulting from any data collection should be shared with students and their families. This will foster a sense of engagement, collaboration and trust between those collecting the data and those providing the data.

**The views and experiences of families and communities should play an important role in the planning of measurement and monitoring processes.** Families and communities are a fantastic source of information on student wellbeing and mental health. However, just like students, any engagement must be conducted with care and respect, acknowledging that families will differ in their personal situations as well as attitudes towards engaging with schools in such a manner. Those collecting data should reflect on the potential to engage with families during any stage of the process. Importantly, this is not confined to gathering data from families, but rather families could provide valuable input into the kind of monitoring that may be particularly useful with a certain student group or

contribute to interpreting findings from a monitoring process and deciding subsequent action. Indeed, if data are being collected with families or communities, every effort should be made to reduce the burden of this participation by garnering pre-existing school data and ensuring families are not repeatedly requested for information already collected.

Another important resource relates to **expertise in universities, research institutes and health services, which could greatly enhance the quality of data collected and how they are used to stimulate change**. The above recommendations highlight the importance of high-quality data collection planning and procedures. Achieving this standard may be challenging for school staff juggling significant commitments and duties. The case studies outlined above provide compelling examples of the value in partnering with universities, research institutes and health services to monitor and evaluate student wellbeing and mental health and related supports in school settings. Such partnerships should be considered when the monitoring of student wellbeing is being developed in Ireland.

It is vitally important to develop a **culture of monitoring, evaluating and assessing the impact of external programmes used in schools**. A key issue common to Ireland and international case studies is the lack of evidence of the effectiveness of external programmes used in schools to promote wellbeing. The Department of Education and Youth should provide information on the programmes available to schools, including the key components targeted by the programme, the extent of the programme's evidence of impact, whether this relates to any subgroups of students, etc. Providers of external programmes should be encouraged to commission independent assessments of their impact and share these findings. Indeed, monitoring should be embedded within the design of these programmes.

Overall, it will be important to **decide and clarify with stakeholders the approach to collecting data on student wellbeing**. Central to this is any planned differentiation between or development of new nationally collected data and school self-evaluations. For example, NEPS may initiate an annual survey of student wellbeing, but concurrent with this, schools maintain their autonomy in conducting self-evaluations, with additional support and improved measurement tools and guidance. In line with the above recommendation that the findings of any data collected must be clearly articulated, the distinctive features of any new monitoring approaches, whether at national or school level, must be clearly defined and disseminated. For example, a national annual survey may be used to track long-term trends in Irish students' wellbeing and related constructs, whereas school self-evaluations are used to inform changes in the nature and target of supports provided.



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