

Lifemaps

...the youth work journey
to build mental health

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YouthAction
NORTHERN IRELAND

What is going on?

**Mental health, young people and
youth work in Northern Ireland**

Seminar Report March 2019



**INVESTORS
IN PEOPLE**

Section 1

What is going on ~ mental health?

Mental health, as defined by the World Health Organisation (WHO), is a state of well-being in which a person realises his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to contribute to their community.¹

Good 'mental health' concerns a state of positive well-being with respect to how a person feels, and how they are able to cope with how they feel.²

Northern Ireland

The conflict in Northern Ireland has undoubtedly contributed to deep structural inequalities based on class, culture, religion, gender and sexuality (Mc Mullan, 2018). These elements play a significant part in mental health and well-being. It is therefore crucial to have a bifocal lens that incorporates personal and structural perspectives. In this way individual support, techniques and strategies are balanced with that of a community or societal context.

Evidence suggests that people in Northern Ireland have worse mental health than in other jurisdictions. Ulster University estimates that approximately 213,000 people in Northern Ireland are suffering from mental health problems that are directly related to the 'troubles'.³

In 2016 Northern Ireland's Executive recognised the need to formulate policy that seeks to build mental health, as well as provide adequate care for those suffering from mental illness and poor mental health. International evidence⁴ recognises that this is the most cost-effective use of resources and in the long run contributes significantly to improved mental health and well-being.

The Executive's Programme for Government 2016 – 2026⁵ outcomes framework, sets out the direction of travel for improving well-being for all citizens and for government departments to collaboratively be more strongly focused on impact. Indicator six is to improve mental health.

The Department of Health in Northern Ireland has a statutory responsibility to promote an integrated system of health and social care, designed to secure improvement in the physical and mental health of people in NI.⁶

The Children's Services Co-operation Act (NI) 2015 is designed to improve co-operation between departments and agencies as they deliver services aimed at improving the well-being of children and young people. Well-being is defined using eight parameters, one of which is physical and mental health. Outcome one of the Children and Young People's Strategy 2017-2027, is that every child and young person should have the best possible physical and mental health. Further stating that the Executive will prioritise the physical and mental health of our children and young people – with a focus on early interventions.⁷ This is underpinned by Article 24 of the UNCRC, that every child or young person should enjoy the best possible standard of physical health and mental well-being and have access to appropriate health care and support when they need it.

The Northern Ireland Civil Service (NICS) interim Outcomes Delivery Plan 2018-19³, sets out the actions that departments will take, to give effect to the previous Executive's stated objective of improving well-being for all. The resulting action in 2018 -19 for Outcome four – we enjoy long, healthy, active lives, is to focus on the unmet needs of people with mental health problems.

The Education Authority (EA) Youth Service, Framework of Expected Outcomes⁸ notes, improved health and well-being as one of six expected outcomes for young people and communities.

Mental health and well-being cuts across all policy and government priorities, but by being on everyone's agenda this does not guarantee that someone will take the lead and enact a coherent strategy.

The government has an interdepartmental responsibility to tackle this issue, and as such services need to work together to ensure that we are delivering work that is most effective for young people (Professor Ann Marie Gray Chairperson of YouthAction Northern Ireland, 2018).

The Equality Commission for Northern Ireland has taken a lead in helping to contribute to a more coherent strategy by jointly producing⁹ a Mental Health Charter.¹⁰ Those who sign up to the Charter undertake to promote good mental health that will be beneficial to their business, organisation, employees and the whole community in Northern Ireland.

1. Mental health: strengthening our response World Health Organisation (WHO), 2018 <http://www.who.int/news-room/fact-sheets/detail/mental-health-strengthening-our-response>
2. Northern Ireland Assembly Research Paper: Mental Health in Northern Ireland, 2017
3. NICS Outcomes Delivery Plan 2018 - 19
4. http://eprints.lse.ac.uk/32311/1/Knapp_et_al__MHPP_The_Economic_Case.pdf
5. Draft Programme for Government 2016 - 2026
6. Making Life Better A whole system strategic framework for public health DHSSPS 2013 -2023
7. Children & Young People's Strategy 2017 – 2017 NI Executive; DE
8. Capacity Building Outcomes Framework Pilot EA Funded Youth Service 2018
9. Jointly produced with Action Mental Health, Disability Action, Mindwise, Mental Health Foundation and Niamh
10. <https://www.equalityni.org/MentalHealthCharter>

Key facts on mental health in Northern Ireland ¹¹

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| Northern Ireland is reported to have a 25% higher overall prevalence of mental health problems than England. | According to the Northern Ireland Health Survey 2014/15, 19% of individuals show signs of a possible mental health problem, consistent with the previous year in 2013/14. On average, more women (20%) than men (16%) report signs of mental health problems. |
| According to prescribing trends, Northern Ireland has significantly higher levels of depression than the rest of the UK. The prescription rate for mood and anxiety disorders (depression, bipolar disorder, and anxiety disorders) increased by 20% between 2009 and 2013. | Similar rates of poor mental health were reported in a 2013 study into the prevalence of mental health disorders in Northern Ireland, which suggested rates of 23.1%, with estimates for each disorder as: 14.6% for anxiety disorders; 9.6% for mood disorders; 3.5% for substance misuse disorders; 3.4% for impulse control disorders. |
| Male Travellers have a suicide rate which is 6.6 times that of men in the general population. ¹² | It is estimated that at least 66% of LGB&T people living in Northern Ireland have experienced a personal, emotional, behavioural or mental health problem for which they needed professional help in the previous three years. ¹³ |

Section 2

What is going on ~ for young people?

Despite having one of the most advanced health systems in the world, health outcomes for children and young people in Northern Ireland are amongst the poorest in Western Europe.¹⁴

The Northern Ireland Young Life and Times survey 2013 reported that 29% of 16-year-old respondents in Northern Ireland had serious personal emotional or mental health problems, with a much higher percentage (43%) from 'not well off' backgrounds.

The NI Young Life and Times Survey comparison from 2008 and 2013 found that overall, young people's mental health was slightly worse in 2013 than in 2008. Recent reports state that the majority of people presenting to hospital emergency departments who self-harm are young people 15 – 24 years. In the latest Children Society's Report 2017¹⁵ one fifth of 14-year-old girls in the UK are said to 'have self-harmed.'

Survey findings, conducted across the youth sector with young people and youth workers in Northern Ireland, also highlights mental health as a growing problem and one of the top five priority issues for young people in 2011-2015.¹⁶

Mental health and well-being issues are not new. Though it would seem that the issue has become centre stage.

A move away from a focus on mental illness acknowledges that we all have mental health and well-being needs.

While policy and strategic interventions have been much needed in this area, it is also worth adopting a critical and sharper focus on this prioritisation. Some might query the prevalence and focus of the issue and question the ideology driving such focus and interventions.



That said, interventions focussing on hope, optimism and positive psychology are to be welcomed, alongside a recognition of the reality of extreme structural inequalities that have contributed to the realities of a decline in mental health and well-being among many communities and groups.

Mental health and well-being is about young people feeling good day-to-day, but also about young people doing well. While significant factors abound that prevent individual, community and societal well-being, it is also important to set and celebrate learning goals that are relevant to young people's lives, thus helping them to feel better and more equipped to develop and join in with life (Dr Martin McMullan, YouthAction NI, 2018).

A recent investigation by YouthAction Northern Ireland¹⁷ over a five-year period, found evidence in the field of positive psychology to support how youth work approaches can build the positive mental health of young people.

Eliz McArdle (2015)¹⁸ has argued,

Like physical fitness, you can't just read a book about mental health and expect your well-being to be boosted. Instead you can develop skills, thoughts and actions that help your mental health and well-being.

11. Mental Health Foundation – Mental Health in Northern Ireland: Fundamental facts 2016

12. <https://www.mhfi.org/MAMRMreport.pdf>

13. <http://rainbow-project.org/assets/publications/through%20our%20minds.pdf>

14. Mental Health Foundation – Mental Health in Northern Ireland: Fundamental facts 2016

15. https://www.childrengroup.org.uk/sites/default/files/the-good-childhood-report-2017_full-report_0.pdf

16. Education Authority Youth Service Regional Assessment of Need 2017 – 2020

17. LIFEMAPS the youth work journey to build mental health - YouthAction Northern Ireland 2015

18. LIFEMAPS the youth work journey to build mental health - YouthAction Northern Ireland 2015

Key facts on young people

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| Suicide is the second leading cause of death among 15-29 year olds. ¹⁹ | Almost 50% of deaths registered as suicide between January & March 2018 were young people aged 15 – 34. ²⁰ | Child health outcomes in Northern Ireland amongst the poorest in Europe. ²¹ |
| Mental health is one of the top five priority issues for young people 2011-2015. ²² | Young people explain that peer, psychological and social pressures contribute to stress. ²³ | 24% of students have suffered from depression prior to going to University. ²⁴ |
| 22% of students currently suffer from anxiety. ²⁵ | Young people's happiness is at its lowest since 2009 – related to work, education and money. ²⁶ | |

A positive psychology approach may be open to critique, in that it may imply that harsh realities and structural inequalities and factors may be ignored or over-looked. This is not necessarily the case as young people, for example, are encouraged to explore their realities from a more sociological stance in which they can assess influences and factors that affect their mental health and well-being. A recognition of structural inequalities can indeed be a driver and motivator to challenge and create change for the individual and the wider community.

Section 3

What is going on - does youth work practice improve mental health?

Mental health and well-being continues to be prioritised as a core issue affecting the lives and development of young people, and as a result, has been fore-fronted by youth work organisations to help young people feel a sense of belonging and accomplishment.

Definitively youth work can build mental health.

Youth work values both the individual and the community. This means that young people can derive both personal and community benefits – reducing an individual's or community's alienation, promoting a sense of belonging, building wider purpose and meaning.²⁷

In response to more recent and growing concerns about mental health and well-being, quality youth work interventions have been developed to assist young people to build self-esteem, confidence and resilience; contributing to improved mental health and well-being. Preventative, promotional and early intervention work, as delivered through youth work, can and does yield the best results and outcomes for young people, while also providing best value for money. There is also a clear distinction that a youth worker's primary role is aligned to early intervention and prevention and not in addressing mental ill-health.

Although it is argued that youth work implicitly helps mental health, it is important to name this and have it

at the front of what the youth sector aims to achieve and how it plans to do this. For example, the EA Youth Service Framework of Expected Outcomes has multiple elements in which youth work contributes to mental health and well-being. That is: *enhanced personal capabilities; development of thinking skills; life and work skills; development of positive relationships with others; and increased participation and active citizenship*. It is clear that the set outcomes within youth work complement the three key indicators of good mental health, as identified by the Mental Health Foundation²⁸ as *satisfaction with life; satisfaction with self; and a sense of belonging*.

The youth work methodology and approach is implicit in creating better mental health among young people. Central to youth work is a balance of supporting group-based programming and individual interventionist one-to-one support with young people. McMullan and Redpath²⁹ (2018) emphasise distinct elements within youth work that makes it pivotal to contributing to young people's mental health and well-being.

Firstly, the **approach of the worker**. Herein, youth workers are sensitive to young people's needs, have built meaningful and empathetic relationships, recognise moods, emotions and factors which might impact upon a young person's ability to engage and are proactive in reaching out to young people.

Secondly, the **place or space** where youth work happens is vitally important. This should be an environment where young people feel welcome, comfortable, and valued. It should be a positive space that they can shape and in which

19. http://www.who.int/mental_health/prevention/suicide/suicideprevent/en/

20. Northern Ireland Statistics and Research Agency (NISRA) 2018

21. Mental Health Foundation – Mental Health in Northern Ireland: Fundamental facts, 2016

22. NIYF and UK YouthParliament survey 2011 – 2015

23. EA Youth Service Regional Assessment of Need 2017 – 2020

24. Ulster University Well Being Survey 2018

25. Ulster University Well Being Survey - 2018

26. Princes Trust Youth Index 2018

27. LIFEMAPS the youth work journey to build mental health - YouthAction Northern Ireland 2015

28. Mental Health Foundation 2009

29. Wake up to Mental Health seminar, YouthAction NI 2018

sharing and learning are conducive. Based on an assessment of feeling and energy among the group, the youth worker can infiltrate appropriate levels of injection, whether this is from high energy to reflective, or indeed vice versa.

Thirdly, the intervention which supports young people **as individuals** and **in groups**, to review negative factors and influences which affect their well-being. This helps young people to counteract this with personal strategies that promote positive outlooks and attitudes. It further helps young people to recognise social injustices that surround and compound poor mental health and to take collective action to address these.

Fourthly, the youth worker ensures **follow up** and regular review with the young person to assess the effectiveness of their new tools, techniques and strategies and to assess what changes may have taken place. It is fundamental to maintain the trajectory that the young people are on which supports a more positive, hopeful and optimistic frame of mind.

Introducing LIFEMAPS

Following an investigation, over a five-year period, YouthAction Northern Ireland found evidence in the field of positive psychology to support how youth work approaches can build the positive mental health of young people. Subsequently YouthAction NI developed a framework on how to build young people's mental health – LIFEMAPS.

Taking learning from positive psychology approaches, LIFEMAPS provides a language to help young people understand mental health, take ownership of it for themselves and provide practical ideas that can translate into everyday living.

Using a non-formal approach through games, exercises, interactions and conversations, youth work is ideally suited to young people learning ways to enjoy and improve their own lives. Mc Ardle and Ward (2015:4)³⁰ note,

The aim of any work with young people around mental health should ensure that a focus of programmes and interventions is around helping them to flourish, not simply trying to stop them feeling bad or the prevention of mental illness.



What is LIFEMAPS?

LIFEMAPS is an acronym for eight inter-linked concepts that describe a full approach to developing positive mental health.

L is for Learning – This is about accepting that failure is a necessary part of learning rather than a negative consequence, which enables us to find the courage to try new things, build resilience and approach challenges without the fear of failure.

I is for Intrinsic Motivation – This is about finding activities that we really enjoy and are interested in, and have an internal motivation to pursue because they bring us a sense of personal reward and pride, and contribute positively to our mental well-being.

F is for Flow – This is finding activities that fully immerse and engross us, causing us to lose ourselves in the moment, which can give us a break from negative emotions and build positive feelings of achievement in their place.

E is for Emotions – This is balancing out the negative emotions with positive ones; not by forcing positivity, but by being open to new experiences including people and ideas to help us build a wider range of positive emotions like joy, inspiration, hope, awe and serenity.

M is for Mindfulness – This is promoting a positive outlook by taking time to notice small, everyday moments that bring us pleasure in order to bring balance to our minds and counteract the negative moments.

A is for Accomplishments – This is building self-esteem through accomplishing personal goals, and realising that life isn't about winning or losing, but more about learning and growing, and that small milestones pave the way to big successes.

P is for Purpose – This is finding a sense of meaning in the world outside yourself by finding ways to help others, through small acts of kindness to your friends and family, volunteering or joining a cause you are passionate about.

S is for Social Connections – This is building our sense of belonging and community by building strong connections with others through school, youth group, work, family and friends. This satisfies our desire to be valued, cherished and listened to, which is critical to mental health.

Education Authority Regional Strategic Outreach Initiative

Since 2015/2016 the Youth Council for Northern Ireland and more recently the Education Authority have supported the development and dissemination of LIFEMAPS through regional strategic outreach funding. Through a collaborative partnership³¹ the outreach initiative works strategically to improve the emotional health and mental well-being of young women and young men across Northern Ireland, to enable them to deal with the challenges of everyday living and flourish in a complex society.

This is done through:

Increasing the knowledge, skills and abilities of youth work volunteers and staff to embed building positive mental health and well-being into their youth work through the LIFEMAPS model and resources.

Inspiring and motivating young people to lead on campaigns that inspire young people to take ownership of their mental health.

The LIFEMAPS model also helps to deliver on the Department of Education Priorities for Youth policy 2013³², notably the increased health and well-being of young people. In this way, LIFEMAPS is not an add-on, or something extra but rather at the core of everything within youth work.

There is also a link between the LIFEMAPS model and the 'GIMME 5' initiative which supports youth workers to promote five ways to well-being with young people (2013). This resource pack, developed by the Education Authority Youth Service, is based on the New Economics Foundation (NEF) Five Ways to Wellbeing³³. The Five Ways framework is: Connect, Be Active, Take Notice, Keep Learning and Give.

The Education Authority Youth Service, in partnership with the Public Health Agency, have also developed the FLARE programme (Facilitating Life and Resilience Education). This is targeted support for vulnerable young people, with poor mental health, by providing individual and group work strategies by professional youth workers to develop *protective factors, knowledge, confidence, self-esteem, resilience*.

LIFEMAPS: Outcomes for young people and workers

In some ways youth work needs to be less humble and to better profile and evidence the impact of youth work on the lives of young people and communities. LIFEMAPS training and implementation has been diligent in capturing the impact through an innovative framework combining youth work and positive psychology approaches.

Young people engaging in LIFEMAPS programming noted,

The LIFEMAPS model helped me be myself, made me feel happy and got a lot off my chest.

I learned that I need to be more mindful of how I take care of myself in order to take care of others.

I learned that everyone has mental health, good or bad, and how important it is to look after it.

Yvonne Maguire (Patrician Youth Centre) has stated,

The outcome of the training has been very positive for both centre staff and membership. Patrician envisages LIFEMAPS being embedded as an excellent contribution to our personal and social development programme for our young people especially those 13+ as well as an excellent tool for the staff team to work with both individuals and groups both formally and informally, tackling young people's mental health issues and building good mental health.

Other youth workers and volunteers noted,

I will use my LIFEMAPS training in my own life, family life and my work as a youth worker.

An amazing piece of work – based on a solid perspective of mental health – and easily practically used with young people. A lot of the hard work has been done for us.

I will do a session of LIFEMAPS in our club and incorporate into club meetings and programmes.

The LIFEMAPS partnership investment has also resulted in the development of a health and well-being assessment toolkit to assist organisations to engage in a process of self-evaluation and to agree a continuous improvement plan for improving outcomes for young people's mental health and well-being. The collaboration has further developed youth-led campaigns, a pilot buddy system and on-line tools for young people to create plans and actions for building mental health.



31. LIFEMAPS partnership - Northern Ireland Youth Forum, BYTES and Young Farmer's Clubs of Ulster.

32. Department of Education Priorities for Youth policy 2013

33. New Economics (Foundation (NEF) % Ways to Wellbeing 2008

Section 4

What needs to happen?

Through the EA strategic regional outreach initiative³⁴ YouthAction Northern Ireland hosted a Breakfast Seminar (2018) to bring together key decision makers and stakeholders to collaborate and agree joint actions to improve young people's mental health and well-being. The seminar also promoted youth work as an effective vehicle to building young people's mental health.

The following is a summary of the discussions and key actions from the seminar.

Discussion

Stigma

In Northern Ireland stigma is still a major deterrent to talking about mental health, as well as seeking help for mental illness.

Internalised stigma (holding stigmatised views about oneself), and treatment stigma (stigma associated with seeking or receiving treatment for mental illness), were the main factors in not seeking help.

Youth work can help to reduce such stigma among young people through opening up conversations and by challenging influential spheres that reproduce such stigma and prejudice.

Self-care

We need to support and encourage the youth work sector to take care of their own mental health. In this way, we are replicating and role modelling positive attitudes and behaviours that we promote to young people.

Respect

Youth work has travelled a significant distance in defining its impact. Relationships across the sector should be positive and based on a healthy respect of difference. As a youth work family we can emulate inter-dependence, appreciation and 'look-out' for one another resulting in a flourishing sector.

Talking Outcomes

Youth work has decades of practice in supporting young people to have positive mental health and well-being.

Youth workers need to talk more explicitly about emotional health and wellbeing as an explicit outcome of youth work.

While not being over consumed with hard evidence, it is important for youth work to highlight success stories of impact while also naming key challenges in doing this work.

The narratives of young people's stories are the most powerful form of evidence that we have.

"We need to be shouting these from the rooftops"

"This is what we do with the funding that you give us."

Further actions

Youth work sector

Align youth work outcomes to current government policies and strategies focussed on mental health and well-being and initiate a partnership campaign between the EA, voluntary and community youth sector to demonstrate the collective impact of youth work on improving mental health of young people.

A peer buddy system should be further explored and piloted in light of young people citing their peers as the first point of contact when talking about a range of mental health related issues.

Partnership

Much effort is being made by organisations to work in partnership, especially across sectors such as youth work, formal education, health and the arts. This should be more fully documented, to highlight good practice and demonstrate outcomes for young people and communities.

Dissemination

Roll out LIFEMAPS as an evidence-based model across a range of youth work, health, formal education and arts settings.

In terms of workforce development, LIFEMAPS training should be made available to both volunteers and paid staff and incorporated in training from introductory level to Level 5.

The learning from LIFEMAPS should be documented in a range of mediums to influence thinking and practice application.

Mental health promotion should be mainstreamed into governmental and non-governmental policies and programmes.



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LIFEMAPS suite of resources includes:

- LIFEMAPS Research Report (2015)
- LIFEMAPS Resource Booklet (Revised 2018)
- LIFEMAPS Toolkit (2019)
- LIFEMAPS Seminar Report (2019)

Working in partnership with:

