



Northern Ireland  
Assembly

Committee for Education

# OFFICIAL REPORT (Hansard)

Mental Health Overview

20 March 2024

# NORTHERN IRELAND ASSEMBLY

## Committee for Education

### Mental Health Overview

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**Members present for all or part of the proceedings:**

Mr Nick Mathison (Chairperson)  
Mr Pat Sheehan (Deputy Chairperson)  
Mr Danny Baker  
Mr David Brooks  
Ms Cheryl Brownlee  
Mr Robbie Butler  
Ms Cara Hunter  
Mrs Cathy Mason  
Ms Kate Nicholl

**Witnesses:**

Professor Siobhan O'Neill                      Mental Health Champion  
Dr Nicole Bond                                      Office of the Mental Health Champion

**The Chairperson (Mr Mathison):** I am delighted to welcome Professor Siobhan O'Neill, the mental health champion, and Dr Nicole Bond, research officer for the mental health champion. Apologies for running behind time, and thank you for your patience in waiting for this item. The previous session was the first opportunity that we have had to engage with the Minister, so it was always going to be a challenge to keep it to time. We appreciate your patience.

**Professor Siobhan O'Neill (Mental Health Champion):** It is absolutely fine. That was an important and useful session, so it is no problem at all. Thank you.

**The Chairperson (Mr Mathison):** I will hand over to you for your presentation. You have up to 10 minutes, and then we will move on to questions.

**Professor O'Neill:** I have already been scoring bits out, you will be relieved to know.

Thanks for inviting me here today. I will cover three main recommendations for discussion. The first is implementation of the recommendations from the independent review of education and the 'A Fair Start' report. The second is full delivery of the Emotional Health and Wellbeing in Education Framework in all schools in Northern Ireland with a multi-year budget for that. The third is around high-quality inclusive relationships and sexuality education (RSE) for all our children and young people.

I turn to the first one. Social inequalities and poverty have a fundamental and lasting direct impact on mental health. They lead to adverse childhood experiences (ACEs) and adversities that, in turn, cause trauma and mental illness. While we need the Programme for Government to focus on well-being, and while childcare and anti-poverty strategies are necessary, the role of the education system in

perpetuating the inequalities that cause mental illness must not be ignored. The recommendations of the independent review of education and the plan for a single education system, which values diversity and offers choice to parents, would give children and young people the opportunity to develop skills, qualifications and social capital and enable them to stay healthy, achieve their goals and thrive in a prosperous society.

Implementation of the following recommendations is vital for the mental health of our children and young people specifically. The recommendations are also consistent with those in the 'A Fair Start' report. There are alignments between those two reports. The first recommendation is the expansion of early years education, specifically Sure Start. I am pleased that the Minister covered that. The second one is modification of the transition process. Again, I have spoken at length about that issue previously. The third recommendation is ensuring that assessment supports progression. That links to Robbie's question in the previous session. It is about the pressure that young people in that 16-plus age group are under and about how we can better meet their needs. The transformation of special educational needs (SEN) provision to create equity has been covered. The final recommendation is valuing the full education workforce.

I will start with a bit that I put into a lot of my talks. The relationships and attachments in the first few years of life predict well-being across the lifespan. Poor attachment and ACEs affect the developing brain's response to stress. That results in behaviour patterns that are characteristic of the mental illness that we see. The interventions that we provide in early years in education settings are cost-effective in addressing the negative impact of early adversity. They can also transform children's educational outcomes. Investment in that area in the context of the childcare strategy, the early intervention and prevention plan, and the mental health strategy will pay dividends and have a life-changing impact on vulnerable children and their families.

I have spoken publicly many times about the harmful impact that the current system of transfer from primary to secondary school has on the mental health of individual children, the role that it plays in perpetuating the economic inequalities, and the harm that is caused by the myth that the test measures innate ability and, somehow, sorts children into appropriate schools. The academic experts who conducted the independent review provide a clear pathway to reforming the system whilst maintaining parental choice and respecting the diversity of sectors, which is very important. That needs to be implemented as a matter of urgency. I think that they state that it is an urgent action that should be done within three years.

In my evidence to the independent review, I also highlighted the impact of the focus of a narrow range of educational qualifications on mental health. Again, the review's recommendations address that. They should be implemented so that all children can set and achieve their own goals.

The current situation with regards to support for children and young people with SEN is nothing short of shameful. Those children and their families are extremely vulnerable to poor mental health. The evidence of the impact that the lack of support plays on their mental health is very clear, so I add my voice to that of the Children's Commissioner and many other groups, including the families themselves, to plead with you to implement the recommendations of the 'Too Little, Too Late' report; prioritise funding for the implementation of the SEN framework; legislatively support current guidance on the use of restraint and seclusion in education; and fully implement the action plan in the 'A Fair Start' report. The needs of our most vulnerable young people and their families are not being met. They have waited for long enough for the reforms to be actioned. If we create equity in the education system and give every child a fair chance, all of society will benefit socially and economically.

My second point is the full delivery of the framework for emotional health and well-being in education in all schools in Northern Ireland. Whilst the rates of poor mental health in children and young people are high — I can take questions about that, so I have cut out the full section on the rates, what they are and what that means — many of the cases reflect the high levels of anxiety that has become a feature of adolescence in the past decade. I am also concerned about the rise in young people self-identifying as having poor mental health, with normal stress and anxiety responses misinterpreted as mental illness. There is a growing recognition that efforts to raise awareness of mental illness can promote self-diagnosis and the misinterpretation of milder distress as a mental health problem. That can lead to the exacerbation of symptoms and behaviours that are not conducive to good well-being, including rumination, self-labelling, public disclosure on social media and all the stuff around mental illness, assumed mental illness and symptoms of mental illness.

For that reason, we need to proceed with caution when we are talking about mental health in schools and what we do in schools. The universal mental health interventions, particularly those that focus on

mental illness, need to be carefully evaluated, with unintended consequences being measured. Some studies now show that, in some cases, interventions can increase symptoms in young people and cause adverse effects.

However, young people need to have universal access to education about their physiological stress response and how to cope with stress, as well as how to manage their relationships. That preventative approach can mitigate mental ill health. As I pointed out to previous Committees, and as I said in my evidence to the independent review of education, those aspects of mental health are already on the curriculum, so the focus needs to turn to high-quality delivery. Again, I call for an emphasis to be placed on the measurement and improvement of the well-being of children and young people in education that is equal to that on academic attainment. I commend the Education and Training Inspectorate (ETI) for its work in that area and the progress towards an inspection framework that will consider the ability of all our schools to develop the conditions that are required to nurture young people's well-being. As a starting point, though, I recommend that all our secondary schools have pupil councils that consider well-being. Those councils need to have a meaningful influence on school policies and practices. Each school should also have a named individual to drive forward a whole-school approach to promoting well-being, supported by an excellent leadership team. In light of the last conversation, we need to look at the ability and qualifications of governors to set the tone for leadership.

The evidence also points to bullying as a cause of poor mental health. Anti-bullying interventions are cost-effective in preventing mental illness. We must ensure that the well-being of groups at higher risk is protected. Specifically, the evidence points to those groups being children and young people with a disability, neurodivergent children and young people, those with special educational needs, children and young people from black and ethnic minority communities, refugees and asylum seekers, care-experienced children and young people, pupils who are LGBT+ and the one in five children who live in poverty.

Finally, a focus on well-being should place a strong emphasis on arts, music, physical activity and play in the school setting. Those activities all have a powerful impact on well-being, and, indeed, many of the effective treatments for mental illness and trauma in children and young people are the therapies that harness the creative arts to generate powerful changes in mental health.

To address mental illness and early intervention for those with symptoms, we must ensure that the current programmes that provide support and therapies to young people in the school setting are maintained and that the framework is funded in full and consistently implemented in all schools. The framework has the potential to ensure that young people learn how to identify and respond appropriately to their feelings, care for their emotional health and identify when additional support is required. The programmes and services in the framework will empower schools to support young people and connect to a wider system of mental health care. Teachers should be able to competently manage distress and crisis, and then be able to access early intervention or treatments external to education when young people require them. The approach to that cannot be piecemeal; full funding and a multi-year budget, again, are necessary.

There has been much progress in the last three years. Many of the specific supports are now available, and emotional well-being teams are present in many schools to support the focus on well-being. Those provisions must be expanded, and, ultimately, legislation may be necessary to mandate the prioritisation and embedding of emotional health and well-being practices and resources across all schools. The framework also facilitates early intervention work and strengthens the links between education, health and the community and voluntary sector to support young people and their families. Finally, the consistent delivery of therapeutic interventions, including counselling, is also essential.

Moving to RSE, as I have said previously, relationships are fundamental to good mental health and well-being. Studies carried out by the mental health champion's office show that relationships with peers and parents are key causes of stress and worry for young people. The rates of poor mental health in adolescence are much higher for girls, and the evidence points to the link with misogyny and sexism, as well as school pressure, difficulties in peer relationships and social perfectionism. I fully support the position of the Family Planning Association and other agencies that state that RSE should develop positive values and attitudes and should equip young people to enjoy relationships based on mutual respect, trust, negotiation and fulfilment.

Many of Northern Ireland's most vulnerable young people have not had exposure to role models for healthy relationships. As a result, they can have difficulty navigating consent and recognising and responding to abuse and violence in their relationships. Ignorance about those issues is harmful to

mental health. The evidence shows that high proportions of young people in Northern Ireland are engaging in risky sexual activity, and a strong consistent RSE programme is necessary to reduce the health risks and protect young people's well-being.

Research conducted by Belfast Youth Forum found that young people described the RSE that they received in school as basic, unhelpful, useless and biased. Several studies show that pupils would like to know more about LGBT+ identities and that those subjects are delivered poorly or not at all. It is, therefore, extremely worrying that the consultation document on the proposals for RSE in schools states:

*"schools have flexibility to decide on the content of their taught RSE programme and how to deliver it."*

It also states:

*"It is a matter for teachers to decide how the curriculum should be delivered, which resources to use, and which specific topics should be covered."*

Those policies may result in young people in some schools not receiving certain curriculum content and inconsistency in delivery across the region. It may even limit young people's access to the factual information that they need to make informed decisions. Consistency is key not just across the region but within schools.

The consultation also states:

*"the change in the legislation made by the Secretary of State does not prevent teachers and pupils being able to continue to discuss and comment on moral and ethical issues which may arise in relation to the content of teaching and learning resources developed by CCEA."*

Again, that is a cause for concern as it may be interpreted as permitting schools to provide a moral commentary regarding issues such as sexual orientation, gender identity and family structure. That type of commentary is harmful and results in children and young people feeling ashamed, stigmatised and marginalised. In order to promote well-being — in fact, to promote peacebuilding — schools should be places that celebrate diversity. Schools need to proactively promote inclusion, particularly for LGBT+ young people, many of whom are bullied and report feeling marginalised and unsafe.

The conditions and autonomy offered to schools, quoted in the consultation document, will encourage schools to continue their current level of implementation of RSE without fully adopting the updated resources, and the mental health of all our young people will suffer as a consequence.

It is, of course, vital that parents and caregivers are fully informed about the curriculum for RSE and have access to information and the resources delivered. That will promote the continuation of those important discussions at home. However, it is concerning that the consultation response report notes that provision will be made to allow exclusion on specified elements. Children should not be prevented from accessing that necessary and valuable education. Put simply, those policy proposals do not align with a rights-based approach, and they need to be rejected.

**The Chairperson (Mr Mathison):** Thank you. You covered a lot in a very short time.

**Professor O'Neill:** I rattled through it.

**The Chairperson (Mr Mathison):** It certainly went well, and we do appreciate your time with the Committee today. When I was reviewing the papers, it was hard to know where to begin, even in terms of questioning, because there is just so much that interfaces with our work. I will start with one question, and I ask members to stick with one question.

I want to pick up on your last topic, which was RSE, in relation to what was covered when Cara spoke to the Minister, in particular around tackling violence against women and girls. I felt that, in that answer, we got the first half, which is that it should be a priority in education, and the second half was that, ultimately, it should be up to schools to decide what they did and did not include. I would be interested to hear your assessment of that response from the Minister. How much independence should schools have in that space versus the rights that children and young people have to a comprehensive RSE programme in schools?

**Professor O'Neill:** It should be mandatory, and its quality needs to be inspected and reported. It should be part of a mandatory curriculum. It is about young people's health and safety — it is that important. It is about mental health and preventing violence and sexual violence against women and girls. It is about giving young people the skills to navigate issues of consent. It is so important that they can manage their relationships and that they communicate openly in their relationships.

It should be mandatory, there should not be flexibility for schools and, in fact, it needs to be inspected.

**The Chairperson (Mr Mathison):** That is really helpful. We will be running a mini inquiry into RSE, and I am sure that the Committee would be delighted to have you back to hear your views on that subject in more detail.

**Professor O'Neill:** Absolutely. I am very keen to contribute.

**The Chairperson (Mr Mathison):** That is very helpful. Thank you.

**Mr Sheehan:** Siobhan, in 2021, when we last spoke at Committee, you agreed with my assessment that there was going to be a tsunami of mental ill health after COVID. When we see now that the figures on absenteeism have gone through the roof, that sort of bears that out.

I think that you were here when I was questioning the Minister earlier about cuts to various programmes, and Healthy Happy Minds was one of those programmes. A lot of work went into getting that put in place to help young people with their mental health. What is your view of the fact that that programme was cut, and what impact are those cuts going to have?

**Professor O'Neill:** It was a funded programme, but it was not from core funding, so the funding ended and, of course, the programme ended. I am still waiting for the evaluation report on Healthy Happy Minds. We need that, because we need to understand what worked and what we need to change about that. There were some difficulties, particularly with the workforce in getting appropriately qualified staff to deliver the interventions in schools. We need to look at that, and I know that that evaluation report is coming soon. Having said that, I think that counselling and other therapeutic interventions are needed. In primary school, it is not usually counselling but is often play therapy and creative therapies. Those are necessary, and we need to be able to deliver them in the school setting. I am keen to see what the proposals are to replace Healthy Happy Minds and to continue to provide therapeutic interventions in schools.

I want the community and voluntary sector to be more involved in the delivery of the framework for emotional health and well-being as well. I think that that is a really important element of it. It is also important to ensure that, when those programmes are advertised and are set out, we have enough staff to deliver them and that they are set up in such a way that the workforce is there and the schools can access staff too. It is a complicated one, but we do need those interventions in schools. The framework is really strong. It is about how we deliver the likes of the interventions that we need through the mechanisms in the framework.

**Mr Sheehan:** In a similar vein, funding for the Engage programme, which was set up to help young people who fell behind in their learning during COVID for whatever reason, also stopped. Have you or your team done any appraisal of that programme?

**Dr Nicole Bond (Office of the Mental Health Champion):** We engage quite heavily with the framework team, and the team is aware of Healthy Happy Minds and Engage and of the fact that those programmes were outside core funding. It recognised the loss, and I suppose that an equality assessment was carried out at the time of those budget cuts. Clearly, young people were being disadvantaged by the loss of those key services. The position that the emotional health and well-being framework team has at the minute is that the purpose of the framework is an ongoing evaluation of trial and error to assess which projects work and which projects do not work in order to have an overall evaluation of that. The team wants to take the learning from the evaluation of Healthy Happy Minds so that Healthy Happy Minds version 2, or whatever it is called, can address some of the issues that come out in that evaluation, should that be workforce or otherwise.

Similarly, with the Engage report, it is in Siobhan's evidence that the team was calling for multi-year budgets. The struggles that the team has had in some of the progress that it has made to date have been around staffing and encouraging people to come across to shorter-term teams when it does not really have the capacity to ensure that it has a budget for their salary for longer than six months.

Really, the multi-year budget is necessary to get those teams up and running in all schools. At the minute, the programme is being piloted and is across an area. It covers some areas and not others, and there is a postcode lottery, which you mentioned earlier. That is not really what the framework aims to do. It aims to be a whole-school, whole-region approach, but that means that it needs to be embedded in our school system and not just an optional extra that they can buy into or not.

The framework team is very clear, and it has put out two questionnaires, one for schools and one for the community and voluntary sector to ask which services schools are using, which services they have lost and would like to have back and which services in our community are providing resources to our schools. Right now, we do not really have that full picture. Everyone can talk about the value of the community and voluntary sector in how much it does with the very few resources that it has, but the team is trying to evidence it in a way that shows how our schools are using it and creates that wider discussion around what our education system supports and where that early intervention starts.

**Mr Sheehan:** Thanks for that. I have one final question. Recently, I was in an education other than at school (EOTAS) setting. It was in an area of high deprivation with children from difficult backgrounds, including of domestic violence. There were addiction issues, with some of the kids themselves taking drugs, and mental health issues and so on and so forth. The principal told us that many of the children receive mental health treatment through child and adolescent mental health services (CAMHS) but often they do not go to their appointments or cannot get to their appointments or whatever. He said that it would be very beneficial if he could have the support of, say, a mental health practitioner and a social worker, even for one day a week. When we raise those issues with the Department, it will say that that is for the Health Department or whatever. The statutory organisations do not seem to be working very well together. Even on the issue of affordability, can we afford not to have those services in schools?

**Professor O'Neill:** If you look at the framework, you will see that the links are there between Health and Education. A few schools have emotional well-being teams in the school, and they are supporting the whole-school approach. That is the problem: some schools are paying for individual staff themselves, including social workers, mental health workers and school well-being practitioners. There are lots of different models; it is about who provides the funding for that. In some cases, schools have taken it upon themselves to provide funding from various sources for that, and there are even charities that are now providing funding for certain schools, too. In the framework, the mechanisms and structures are there to promote that, but not all schools will want that approach and there should be flexibility.

A well-being champion in every school would be a very positive start. That could be a teacher. The role does not have to be called a "well-being champion", but it should be somebody with a designated role who looks after that. Ultimately, it goes back to the leadership in the school and the governors. They make the decisions about how the money gets spent, what happens within that school and how they prioritise their resources. Those are all things that we would love to have and would love to do better. It starts with getting that framework funded and making sure that that is delivered properly across all schools. That would be a good start.

**Ms Hunter:** Siobhan, I have a thousand questions that I could ask you, but I will limit it to just two. Thank you so much for being here.

My first question is about RSE, and I raised that aspect with the Minister. We are seeing a really worrying trend of people going through school and even university — I know that universities are not in the Minister's remit — and the concern is that they have had no *[Inaudible]* whatsoever. I recently spoke with the feminist society at Queen's, and it is advocating to get mandatory education in the university setting in the first few days of students starting a new course to try to mitigate the floods of young people who are not getting the correct education that they need.

I am mindful that we have a Secondary Students' Union of Northern Ireland representative here today. I went to the launch of that organisation's Let Us Learn campaign, which is about looking at the learning for life and work (LLW) module and identifying whether that would be the correct method through which we could educate our young people on RSE and emotional health and well-being. What is your take on that? Do you think that that would be a good method? I am mindful that, in the absence of such education, we are seeing that, this year, sexual offences were at an all-time high in Northern Ireland, so I think that this can act as a real preventative step. What is your opinion on that?

**Professor O'Neill:** Young people are getting an education on this stuff; they are getting it through their computers, their phones and their devices. If we do not provide an education, that is all that they will get, and that is extremely worrying. There is an assumption that parents are doing it, but I do not know how well equipped lots of parents are. As I said in my evidence, it is often the most vulnerable young people who are not getting anything. All they get is what they get online, and that is really scary. It has always been a problem. People are now more likely to report it, and maybe that is what is causing the increase, but it is something that we have to do better with.

The LLW curriculum seems to me to be a very full curriculum. For me, it does not matter where the education happens, and, actually, these things should not be restricted to just one subject. Again, it is about having a whole-school approach and about how we treat each other as human beings. It is about respect, friendship and all our relationships. The focus has been very narrow on the sexuality element of it. However, it should start from a very young age. It is about how we listen to each other and how we communicate our needs and what we want and do not want, including body boundaries and all that stuff. It needs to run right through all elements of education. I have no particular view on what subject it needs to be delivered in. It just needs to be done well, because our children and young people are reporting difficulties with their friendships. It is causing them distress, even in primary schools. I went to a primary school that had a friendship club, and the mental health worker there was helping young people with friendships and helping them to deal with all the stuff that goes on at primary school. It is so important and cannot just be restricted to one subject. It will have to be tackled in late adolescence when young people have certain needs with regard to relationships and sexuality, and it will have to be done well.

**Ms Hunter:** Has the Minister engaged with you on RSE, or is he open to that? I am mindful of the mental health impact of its not being provided.

**Professor O'Neill:** We will have a meeting, and that will certainly be on the agenda. It is still early days, but we have a date in the diary. When I met the Minister previously, he was health spokesperson, so we did not discuss that. I want to talk to him and to any groups, particularly those that might have concerns about it. I know that there are groups that are against it for various reasons. I reach out to those groups to understand more about their concerns and to see whether there is anything that we can do to support them in those concerns.

**Ms Hunter:** I have just one small question, if that is OK.

**The Chairperson (Mr Mathison):** It will have to be very quick because —

**Ms Hunter:** It is to do with adverse childhood experiences —

**The Chairperson (Mr Mathison):** — we are on question 3, Cara.

**Ms Hunter:** — and it needs only a one-line answer.

**Professor O'Neill:** I will try to talk less.

**Ms Hunter:** I am mindful of the adverse childhood experiences aspect of things. You were fantastic with the addiction and dual diagnosis all-party group. Is there anything more that we as a Committee can do to support children of an alcoholic or addict who are struggling at home and in the classroom? Is there anything that we could talk to the Department about in order to support them?

**Professor O'Neill:** Yes, the early years stuff and the framework, the work that happens with parents — it is in health and education — and the contact with childcare providers and Sure Start. That is such an amazing programme: it will make all the difference and help parents who are struggling with trauma, because the behaviours that people engage in are trauma-related. It is about those "sure starts", getting in as early as possible at that stage and even earlier in the health system, through maternity and perinatal mental health care — all that — but that is for another Committee. It is a good question.

**Ms Hunter:** Thank you, Chair.

**The Chairperson (Mr Mathison):** I tried to lead by example with one question *[Laughter]* and no one has paid a blind bit of attention. Cathy, over to you.



**Mrs Mason:** I promise that it is one question. Siobhan, thank you very much. I always find your presentations really interesting and engaging. Childcare and childcare settings were mentioned earlier, and you rightly mentioned Sure Start. In reality, childcare is broadly defined. Not everybody can access Sure Start, and there are childminders, play groups, early years settings and nurseries. We have heard time and again about early intervention in childcare settings, and I know from speaking to providers that a lot of them can spot signs very early on. They may spend a lot more time with children during the week than the children's parents or peers do. What is your view on that aspect of childcare settings, broadly speaking rather than just in Sure Start? Those guys are not able to make referrals or assessments, and they are not able to access training, which is important. Along similar lines to Cara's question, have you had the opportunity to feed into the childcare strategy prior to the Minister taking up his post or since then?

**Professor O'Neill:** To answer the last bit, I have not engaged on the childcare strategy yet, but we are planning to do that. It is so important. A childcare strategy is one thing, but there is a lot of unregulated childcare at the minute, and that is the bit that I am worried about. There is informal childcare that parents have to use because there is no alternative but that is of poorer quality; that is the worry. I would like to see support for extended family as childcare providers in the childcare strategy, if there is some way to do that. I am just putting that in. A lot of grandparents provide childcare; what happens to them? It is a pressure for them in many cases, but how do we bring them on board? We need to do a whole piece about childcare, and I will provide a response on that in due course, because it has to be right. Speaking from experience, my child is with a registered childminder. The level of care is excellent, and the procedures are good, but the cost can be prohibitive. We need to make sure that the childcare is of high quality. It is about relational attachments. Relationships run through it all, and childcare is based on relationships; that is what high-quality childcare looks like.

**Mrs Mason:** You are right about affordability. It is often a barrier to childcare for some people, and, at times, it forces mothers in particular to stay at home, which has a knock-on impact on their mental health. I appreciate that answer, and I look forward to your opinion on the childcare strategy.

**Professor O'Neill:** Absolutely. We are here to meet anybody to talk about those things, if diaries allow and all that. Thank you.

**Mr Baker:** Siobhan, thank you very much. I will be brief. I have a concern about the families of children with special educational needs who come into my office. I had time to go and meet the support groups. They are exhausted. They are fighting for everything. Even though they are the same age as me, to be blunt, they look 20 years older. They look absolutely worn out. What concerns do you have about their mental health going forward? I think that it is at a cliff edge right now. I have never seen it as bad with people looking for support from my office.

**Professor O'Neill:** I cannot find words powerful enough to communicate it. It is a disgrace. It is appalling. It is shameful. It needs to be addressed. We talk about the impact on those young people and on every aspect of their life, including their mental health, their education, their carers and their families. It has an impact even in the classroom setting where, if you have children whose needs are not being met, it ripples across the whole classroom and affects everybody. It affects the teachers, who know that they could do better if they had the resources to do so.

It is an absolute priority. When you think of priorities, that has to be near the top — it really does. It is fundamental. The numbers are increasing. We have to accept that and deal with it. I am very concerned about the idea that the pandemic is associated with that surge, so I am going off to look at the data on that just to see what interventions would work there and whether there are any nuances that we need to be aware of.

I will, I hope, return to the Committee to talk about things like that. Let us get it sorted. It is great that we have a Committee, and I hope that, with you and the Minister, we can do something there. Thank you.

**The Chairperson (Mr Mathison):** The Committee has been very clear from day 1 that the mental health and well-being of children and young people are a priority. We will absolutely have you back to look at some of those issues in more detail. I hope that we can all agree that that is a fairly open invitation.

**Ms Nicholl:** I do not know what to ask you. I have so many things that I want to raise.

**Professor O'Neill:** We have a meeting on Friday, do we not?

**Ms Nicholl:** Yes. We will go into more detail then.

I want to start by thanking you so much for what you said about relationship and sexuality education and for how unequivocal you were about the fact that opt-out must be rejected and that consistency is key. I completely agree. I am passionate about RSE and childcare, but, because this has not been touched on in questions, I want to ask about the impact of academic selection on children and young people. What engagement have you had with the Department on that, and what more can we do?

**Professor O'Neill:** My engagement on the issue has mainly been with the independent review of education. I focused on that as the mechanism. It is one of a number of things that needs to change. It is not all about transfer. Prior to this, I had no solution. The independent review provides a solution of sorts. I am disappointed that we have not heard more about the implementation of the independent review generally and the creation of a single education system. I know that there is a lot of fear. There are a lot of urgent issues that need to be addressed. It is just dreadful to hear about schools with leaks in their ceilings.

Over the long term, we need to bring schools in line. There need to be mandatory things that happen in all our schools. Relationships are part of that. Relationships are so fundamental, be they those in early childhood, those in the classroom or those between the staff and the school community. Relationships are fundamental to well-being and mental health — they really are. A broader focus on relationships might be the answer there. Relationships education is what we are talking about. We should not get pigeonholed into the sexuality stuff.

I do not know whether there is a willingness to change the transfer system, to be honest. We have some research that we will put out.

**Dr Bond:** It is not our research. Obviously, our office has a strong position on the issue, so we wanted to look at it from an independent view. We did not want anything to do with it that would suggest that it was biased or that we were forcing it one way, so we reached out to Stranmillis University College, which did research for us that focused on the non-transfer year. It looked at the impact of cancelling the transfer tests at the last minute during the COVID pandemic. It expanded on quantitative work that it had done to see whether that changed the social demographic and so on of cohorts in schools. That report will be launched in the next couple of weeks, so we will send it out to you. I do not want to step on the researchers' toes, because they will give you a great overview of what they found, but it really shows the complexity of the education system and how it creates disadvantage and perpetuates those kinds of things through the transition process, whatever that process looks like. Obviously, we need to look at that going forward and implement the independent review to make it a fairer process for young people, so that, again, they are not being pigeonholed into certain schools or being told at age 11, "This is your capability" and, "This is what you can do", rather than asking them, "What are your aspirations?" and, "How will the education system support you to do that?". It is really about refocusing on how we value young people in the education system and what we design it to do.

**Ms Nicholl:** That is interesting. Thank you.

**The Chairperson (Mr Mathison):** Robbie, you are next. I am conscious that I do not want to keep the youth panel waiting too much longer. I will ask Robbie and, following him, Cheryl to be as brief as possible. Obviously, there is a lot here that we are looking to follow up on.

**Mr Butler:** Brilliant. Good to see you, guys. Thank you for your presentation. I will make a short statement, and you can agree or disagree, speak to it or not, and then I will ask you a question, Siobhan, if that is OK.

It relates to our very earliest conversations, which were before you were even the mental health champion, so in and around the Protect Life 2 strategy. The terminology around the trauma-informed approach and adverse childhood experiences (ACEs) was really banging and bouncing, and we all understood it. I genuinely think that we do not use that terminology now. Perhaps, that is due to the lack of Government. The vocabulary that we had determined, made sense of and people understood has kind of been set back a little — not by you or me but by the entirety of the approach to transforming and informing a better approach to improving emotional health and well-being, particularly among young people. That is just something that you can speak to, if you do not mind.

My question centres around a radio report that I listened to this week, which I absolutely and fundamentally agreed with. It pinpointed when the mental health crisis exploded or was exacerbated. It was around the introduction of social media, phones and iPads being placed in the hands of young children and possibly even infants, the information and disinformation that they get, cyberbullying and the propensity to receive age-inappropriate information. To me, that makes sense. The correlation between the two cannot be pulled apart. Do you agree with that? I know that you will have done a lot of research on that. If it is the case, what legislation would you suggest that we bring forward to deal with digital devices, online access and all those salient points?

**Professor O'Neill:** I agree with you. I feel that mental health generally has fallen down the agenda, to be honest. There is just less emphasis on it, and other things have taken higher priority.

I am really keen to advance the trauma-informed approach. I want to see the cross-departmental working group that I reported to in my very first year in post reinstated so that there is a direct mechanism by which I can discuss these issues. The trauma-informed approach is for all Departments. It is about recognising the importance of relational connections — voice, choice, empowerment, transparency, openness — and recognising cultural and historical issues that affect people's sense of psychological safety. All those things are part of the trauma-informed approach. It is also about recognising the role of ACEs and early adversities, the body and brain's response to trauma and mental illness and all that, and what trauma is and is not — the difference between trauma and stress. We need all that stuff to be resurrected. We might be able to do it through that group.

The Safeguarding Board for Northern Ireland rolled out a lot of programmes and training programmes. Looking across the water to Scotland and its national trauma training programme, I think that we need something similar here to make us trauma-informed. I am also looking at some of the harms of being trauma-informed — the idea that we are all trauma-informed — and the potential implications of that as a way of dealing with it. In the same way as we think about the harms from mental health interventions by schools, we always have to look at the unintended consequences of what we do. Being truly trauma-informed is about an attitude, shifting our mindset towards true equality and empowerment and making sure that we prioritise relationships and recognise the role of past traumas. We do not need to say, "We are trauma-informed"; in fact, it is not about saying that. It is not a tick-box thing or a training programme. It is a whole mindset shift. I want to see more of that. A national training programme would be good, if that were possible. Do you want to speak on that, Nicole?

**Dr Bond:** No. I will speak to the social media question, which is next.

**Professor O'Neill:** The social media question is interesting. The evidence tells us that the problem is not social media or the devices themselves but how young people connect online. It is about what it replaces and what they do not do because they are on social media. One of the earliest sets of guidance was from the Royal College of Psychiatrists, which said that being online will be harmful if it gets in the way of young people's sleep, if they are not engaging in face-to-face contact, if they do not have relational contacts and friendship groups and if all their time is spent on social media or online. If they are not doing physical activity and are spending time online instead, again, that will be harmful. It comes back to the four pillars of mental health, like sleep, physical activity, social connection and all the things that we need to do to keep ourselves healthy. If it replaces those aspects of their lives, it can become a problem.

Young people also use social media and go online to connect with people who are like them. It can be a way of getting support for mental health difficulties, preventing those difficulties from emerging and getting tips, but there is a lot of harmful content out there. When it comes to what we can do about that, there is the Online Safety Act 2023, for which the Samaritans campaigned. It is really important that we reduce the level of harmful online content, if we can. The most important thing that we can do, however, is teach young people how to navigate it in a safe way. Unfortunately, that comes back to RSE again, because a lot of it is about what we can teach them and the skills that we can give them to manage the online world very safely. Certainly, even the light that is emitted from devices late at night is not good for young people. Do you have anything else to say, Nicole?

**Dr Bond:** We did a series of engagement events across Northern Ireland with young people. We focused on what causes them the most stress in certain environments, and the online environment was a massive issue. There are two ways to look at it. We can say, "All devices are bad". Putting a tablet in front of a child is not necessarily bad if they are learning cognitive skills or doing things that are designed for children of that age to increase their cognition. The flip side of that is that, when they go into the social media world, they are constantly attached to friends. Whereas we had maybe one or

two friends commenting on how we look, they have thousands of people whom they potentially do not know doing so.

It very clearly came out of the engagement sessions that the online safety talks that young people got in school came too late and did not broach the level of contact that they have with the online world. The talks mentioned apps that young people do not use any more, because they have new ones. They mentioned how to put parental controls on things for which young people already have workarounds. The talks were behind the times, because there is a generational difference. To fully protect young people, we need to catch up to their level of understanding of that world, because, at the minute, the protections are not there to cut them off from it if there is cyberbullying or if they are becoming socially isolated because they are getting just online engagement.

**Mr Butler:** May I speak to that? I know that we are tight for time, but I have an observation.

**The Chairperson (Mr Mathison):** Yes, we are. We like to talk about listening to young people, but we need to do some of it in the next session this afternoon.

**Mr Butler:** There is an acceptance by some in my generation that we are moving into a digital world, but, if we are doing so, it will kick against everything that we would ever teach anybody about relationships and people's inherent need to spend time in person and to be face to face. Nothing will replace that. No digital creation will ever do that. We need to become a bit more aware of the genuine danger of the digital world becoming a replacement. That applies to adults as well as kids. For instance, look at adults who are hybrid working. That is great for a time, but, as a society, we will face unintended consequences — the fabric of society increasingly splitting apart and a decreasing reliance on each other for support — that will, I think, feed into higher levels of poor mental health.

**Professor O'Neill:** As a parent, you need to be there after —.

**The Chairperson (Mr Mathison):** We probably need to draw a line under that.

**Mr Butler:** I have a point to note, Chair, for questioning in the future. If members do not mind, if we first go round the table in one direction, we should then reverse the order, because questioning always gets cut at the end of the table.

**The Chairperson (Mr Mathison):** Absolutely.

**Ms Brownlee:** Thank you so much. That was really informative. Robbie stole my question, which was just to highlight that young people are constantly connected and are addicted to their phone. As a mum of a child who is 12, I see what children are seeing. Social media is horrific, to be honest, and they cannot get away from it.

In the report, I read about school non-attendance and children not feeling safe in school. They go into school. and, when they come home, they still cannot escape the type of bullying that is happening to them. Can you recommend anything, or are there any support or compassionate measures that could be introduced in the school setting that could help children to feel more comfortable in that environment?

**Professor O'Neill:** I do not recommend that we ban phones from school, but policies on the use of phones in school need to be implemented. That is one thing. Some young people need their phone to feel safe. As adults, a lot of us can identify with that. As a security and safety measure, the phone needs to be there, but we need to have open discussions. We need to talk to young people about what would work for them when using phones in school.

Take the legislation on triggering images on social media, particularly images of self-harm and suicide and images promoting disordered eating, for example. Images are very triggering for compulsive behaviours. If we can do anything, it is around image-based social media, because that has the strongest impact on young people's mental health, and giving young people the skills to manage relational stuff with the likes, messages and comments that they receive. That can be done through good relationships education. We need to listen to young people. Even I am a step removed; I do not really know what is going on. As parents, we need to be over the young person's shoulder, really with them, understanding them and having that relationship with them, so that they can tell us when things are going wrong and show us what they are looking at online so that we are aware too.

**Ms Brownlee:** Yes, particularly around self-harm, which is prevalent on the internet now. It is horrendous to see that children experience that or are sometimes encouraged to do it. Addressing that should be a priority.

**Professor O'Neill:** There is very unsafe content generally on suicide, with graphic imagery and sensationalist coverage. All that stuff contributes to suicidal thinking and can influence how people behave when they are in crisis. We need to use digital generally to promote well-being and mental health. We need to use that mechanism too, but we will be able to do that only by listening to young people.

**Ms Brownlee:** I appreciate that. Thank you.

**The Chairperson (Mr Mathison):** Thank you, Professor O'Neill and Nicole, for your time today. It has been a really helpful session. We will pick up on an awful lot of that in future weeks. I want to propose one action. The emotional health and well-being framework was referenced a number of times. We should hear from the Department how that is being progressed. That should be factored into forward work planning. Are members agreed?

*Members indicated assent.*

**The Chairperson (Mr Mathison):** That is brilliant.

**Professor O'Neill:** Feel free, any of you, to contact us separately if you want to discuss anything.

**The Chairperson (Mr Mathison):** Thank you very much for your time.