



## Education Committee Briefing Paper

**Professor Siobhan O'Neill, NI Mental Health Champion**

### **Mental health programmes in schools and curriculum reform**

I'm going to start with some worrying statistics regarding the mental health of young people in NI. [The 2022 Young Persons Behaviour and Attitudes \(YPBA\) Survey](#) found that wellbeing in yr 10-12 (14yr olds) had declined to its lowest ever level since 2016, and girls had a lower mean wellbeing score than boys. The 2025 Life and Times Surveys showed that [15%](#) of 11 yr olds described their own mental health as fair or poor, and that % rose to [39%](#) of 16 year olds. When we consider the screening questions (GHQ casesnes), the actual rates are even higher, with 45.4% of 16-year-olds in NI having probable mental ill-health; over half of girls (53.7%) and a third of boys (31.9%)<sup>1</sup>. Education is also an important setting within which mental health can be promoted, through whole school wellbeing approaches, by the curriculum itself, and with programmes to support young people with poor wellbeing. The economic and social benefits of promoting wellbeing in schools include higher academic achievement, reductions in school absences, exclusions, and disciplinary issues<sup>2</sup>. Mental health support and interventions also lower demand for one-to-one support related to SEN<sup>3</sup>. School mental health and resilience interventions lead to improved employment prospects, and reduced costs for health, social services, criminal justice through a reduced risk of mental illness and addiction.

Universal [Social and Emotional Learning](#), (SEL) within the curriculum brings the highest economic gains. A recent [meta-analyses](#) concluded that SEL facilitated prosocial behaviours and positive relationships, reduced disruptive behaviour and emotional distress, increased engagement in learning and improved students' cognitive and academic performance. [In the UK the gains are estimated to be around £5 for every £1 invested](#). A body of studies also demonstrates the benefits of school mental health interventions<sup>4 5 6</sup> and curriculum change; and this has been a recurring theme of [young peoples' mental health campaigns in NI](#). In NI the Department of Education and Department for Health jointly launched the Children and Young Peoples [Emotional Health and Wellbeing in Education](#) (EHWE) Framework in 2021. This Framework is the delivery mechanism for our [wellbeing](#) programmes, including interventions for pupils, alongside the [EA's Hope \(School Counselling and Therapy\)](#) service.

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<sup>1</sup> Women in NI have much higher rates of poor mental health than men ([1 in 4 women and 1 in 5 overall](#))

<sup>2</sup> Children's wellbeing in schools, UK Parliament Post [POST-PN-0739.pdf](#)

<sup>3</sup> Poor mental health can manifest as learning or behavioural issues, which are often misidentified as, or contribute to underlying SEN. By addressing mental health challenges through consistent, integrated support, schools can help students develop the emotional and social skills needed to succeed academically, potentially reducing the need for more intensive, one-to-one SEN support.

[https://assets.publishing.service.gov.uk/media/5a822e2c40f0b6230269b43a/DfE\\_SEN\\_Support\\_REA\\_Report.pdf](https://assets.publishing.service.gov.uk/media/5a822e2c40f0b6230269b43a/DfE_SEN_Support_REA_Report.pdf)

[https://www.ncb.org.uk/sites/default/files/uploads/files/ncb\\_framework\\_for\\_promoting\\_well-being\\_and\\_responding\\_to\\_mental\\_health\\_in\\_schools\\_0.pdf](https://www.ncb.org.uk/sites/default/files/uploads/files/ncb_framework_for_promoting_well-being_and_responding_to_mental_health_in_schools_0.pdf)

<https://pmc.ncbi.nlm.nih.gov/articles/PMC10217808/>

<sup>4</sup> Selective and indicated UK school-based mental health interventions: a systematic review and narrative synthesis - PubMed

<sup>5</sup> [Landmark study reveals promising mental health interventions for schools](#)

<sup>6</sup> [Full article: Selective and indicated UK school-based mental health interventions: a systematic review and narrative synthesis](#)



I'm therefore going to provide the Committee with an update on the Framework and SEL in the curriculum. The [NI Curriculum Review](#) recommended the development of a new resourced Area of Learning called "Employability and Wellbeing" which could, at least in part, be delivered by external providers. The content of the speeches at the launch left me in no doubt that this referred to SEL, and I saw this as a positive step, although I had reservations about the inclusion of employability. The [response from the Department](#) to the Review is that the Curriculum Taskforce will consider this recommendation further, because this approach risks conflating two fundamentally different educational purposes. I have contacted the Task Force and have been assured I will have an opportunity to contribute when it's work commences in October.

In January 2025, 66% of schools in NI had engaged with one or more projects in the EHWE Framework. However, when we look at post primary, we can see that only 46% of post primary schools have any provision. The numbers of schools in receipt of specific programmes remains very low. For example, 23% of post primary schools had Emotional Wellbeing Teams (these teams do not provide individual support), and just over one in ten (11.6%) schools had embedded the Whole School Approach programme (Being Well Doing Well). Around a third (31%) of primary schools had engaged with RISE, and the REACH programme has operated in one in ten (primary and post primary) schools (these programmes provide one to one support). The programmes of the Framework are not the only ones that schools use, many schools bring in outside agencies to deliver interventions and programmes, and some have dedicated staff and/or create their own programmes. The data on the extent of this, and the quality<sup>7</sup>, is not available.

Based on the available data it appears that NI is behind the UK regions in relation to this. In England for example over 600 Mental Health Support Teams (MHST) are operational, providing support to 52% of pupils, and this is expected to rise to 60% by April 2026. Each MHST offers psychological interventions, supports schools in creating positive cultures, provide staff advice and training, and coordinates with external services. The Welsh Government introduced statutory guidance in 2021 making it a requirement [for all schools to adopt a whole-school approach](#) to mental health and emotional wellbeing. Mental health and wellbeing are now core parts of the [English](#) and [Welsh curricula](#).

I would also add that mental health in schools is also a key element of peacebuilding (a commitment in our [Programme for Government](#)), since poor mental health is related to social violence and prejudice, including racism (which is a huge problem in NI at present). [Insecurity associated with inequality, leads to an increased identification with national groups, and antagonism towards other groups, which can strengthen cohesion](#). People define themselves in relation to the groups that they are in opposition to. Misinformation results in these groups being inappropriately targeted as responsible for the inequalities which underlie poor mental health<sup>8</sup>. My recommendation is that the Department of Education urgently expands the provision in schools to address the growing need. This could be achieved by providing dedicated funding for Community and Voluntary sector organisations to deliver good quality programmes.

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<sup>7</sup> Quality is a key issue since there is a [growing body of evidence](#) showing that some programmes can have a counterproductive negative impact (one example in link).

<sup>8</sup> The resilience programmes in Our Generation (OG) use Social Identity Complexity to understand how identity shapes relationships and wellbeing. It encourages awareness of the importance of multiple group membership wellbeing, so we do not need to rely too heavily on one group. This in turn makes us less vulnerable to prejudice and conflict.

## Neurodiversity

Whilst the Committee's focus on SEN is welcome, the Committee should also examine how education policy and actions in schools approach neurodiversity generally. The term neurodiversity refers to the range of differences in individual brain functioning and behavioural traits. These variations are regarded as natural brain processing styles that are normal differences in the human population. They also include clusters of traits which represent conditions such as autism and ADHD. Whilst the traits that people with neurodiversity have are normal and natural, some of the conditions can be disabling because the structures and attitudes of society create barriers to participation. The education system is an example of this; young people with neurodiversity can be overwhelmed in an overstimulating environment, some neurodivergent children have difficulty sitting still, and many have difficulty with the attentional and communication styles in a typical classroom etc. The cumulative effect of these challenges can result in chronic stress and poor mental health; and, of course impair the child's ability to learn.

Our initial analyses<sup>9</sup> of the 2019 youth wellbeing [prevalence study](#) showed that together, people who report a diagnosis of autism, ADHD and/ or meet the screening criteria represent 28.3% of 11-19 year olds. This group has elevated rates of anxiety (16.3% vs 6.8%), depression (17.8% vs 7.3%), self harm (16% vs 7.2%), suicidal ideation (23.7% vs 9.4%) and disordered eating (22.3% vs 13.1%) when compared to their neurotypical peers. The school environment contributes to this risk and presents opportunities for intervention. Schools need to be neurodiversity-informed environments, and we should be promoting neurodiversity affirmative practices to improve the experience of these young people<sup>10</sup>. Schools should be prepared to respond to neurodiversity rather than relying on specialist services. We should also be viewing all education policies through a neurodiversity informed lens. The curriculum review does point to the need for a more inclusive curriculum which reflects the learning needs of children with cognitive, physical, or sensory differences, and we'll work to ensure that this is reflected in the next stages of implementation. However, I'm disappointed that a recognition of neurodiversity appears to be absent from recent policies on for example, uniforms and mobile phones in schools.

## Ending Violence Against Women and Girls

I also want to discuss our [ending Violence Against Women and Girls Strategy](#). I am concerned about the lack of progress in implementing the most important preventative actions in Education, to change attitudes and behaviour. Indeed the initial actions in this area (campaigns, tech innovations, & support for community groups) are unlikely to lead to the widespread changes in attitudes and behaviour that we need. The most crucial and cost-effective actions are preventative, work to change the harmful attitudes of boys and men, and to teach respect and consent in classrooms. This needs to be addressed urgently, and I look forward to hearing what the Education Committee can do to drive these actions forward.

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<sup>9</sup> Analysis by my PhD student Jamie McNulty

<sup>10</sup> [Neurodiversity-affirmative education: why and how? | BPS](#)

## Impact of recent DE decisions relating to transgender pupils

Gender diversity<sup>11</sup> exists in our school population<sup>12</sup> and transgender pupils have a considerably elevated risk of poor mental health, and suicidal thoughts and behaviours<sup>13</sup>. [In one NI study](#) 43.5% of transgender people reported a suicide attempt. [The evidence](#) indicates that gender affirming policies in general support and safety at school, and are protective against suicidal thoughts and behaviour. A 2017 Department of Education survey<sup>14</sup> found that two thirds of LGBT+ pupils did not feel welcomed or valued within school, and only 55% felt that school was a safe place for them. Most transgender young people felt that teachers did not understand them and 40% of the transgender respondents reported inconsiderate use of their forename by staff. Some even reported transphobic remarks by teachers. Almost three quarters (73%) of transgender pupils said that their experience had an impact on their emotional wellbeing and only 41.5% said that school felt like a safe place to be. Notably, this was a 2017 report, completed before [the rise in transphobic hate crime since 2019](#).

Given this evidence, the removal of the guidance on supporting transgender young people, and the guidance that was circulated to all schools, are incredibly concerning. The Equality Commission highlighted [significant uncertainty regarding the application of the supreme court legislation](#) in NI. It was therefore unnecessary for the Department to act on the basis of this ruling. The guidance on pronouns<sup>15</sup> could be interpreted as permitting teachers to engage in behaviour that transgender young people experience as cruel and harmful. This would certainly come under the definition of bullying, which is [“The repetitive, intentional hurting of one person or group by another person or group, where the relationship involves an imbalance of power.”](#) Bullying is extremely harmful to [mental health](#). In the study of LGBT+ pupils in NI a small number of respondents referred to ‘bully like’ behaviour by teachers. In view of these risks I am therefore asking for the guidance that was issued to be withdrawn; and that the previous guidance on how to support transgender pupils is distributed to schools and added to the EA website. Anecdotally, I am aware that several schools in NI provide a safe and supportive setting for transgender pupils, and re-iterate that diversity, including gender diversity, should be welcomed and valued.

## School Uniforms

The recent school uniform legislation was a missed opportunity to tackle poverty, a key driver of mental ill health. Uniforms can create disparity of access, particularly for families facing financial pressures, and for disabled or neurodivergent children. In keeping with trauma informed practice, item lists should be co-produced with schools’ pupil councils, with the needs of pupils, and the promotion of equity and inclusivity as the priorities. A trouser option should always be available, and no pupil should be forced to wear clothing that leaves them vulnerable to upskirting, or that makes them feel exposed or uncomfortable. Particular attention should be paid to how uniform items are perceived by neurodivergent young people, pupils with sensory needs, and disabled young people. Pupils should never be in a position where they feel they cannot participate in Physical Education (a really important subject in terms of mental health) because they are unable to wear the uniform.

<sup>11</sup> Gender diversity refers to people whose gender identity, including their gender expression, does not conform to socially defined gender norms, including those who do not place themselves in the male/female binary.

<sup>12</sup> In the 2021 census 1% of 16-24yr-olds reported a gender identity different from their sex registered at birth in NI, however this is believed to be an under-estimate (e.g. in 2022 Ipsos polls 9% of 16-24yr-olds identified as gender divergent).

<sup>13</sup> [Minority Stress](#) Theory describes how stressors such as discrimination and prejudice impact mental health and increase suicide risk.

<sup>14</sup> It has since been removed from the DE website, but I have included a copy for the Committee for reference.

<sup>15</sup> that staff should not be compelled to use pronouns that do not reflect a pupil’s biological sex

## **Restraint and Seclusion**

Finally, I want to highlight that have written to the Minister outlining my significant concerns regarding The Education (NI) Order 1988 which allows the use of force to maintain “good order and discipline” in schools. There is no doubt that restraint and seclusion are traumatising, and can lead to lifelong mental health difficulties. These practices have no place within our education system. There was a commitment from the Department of Education in [2022](#) that article 4(1)(c) of the Education (NI) Order 1988 would be repealed., and guidelines produced to support schools to eliminate this practice. My Office currently sits on the Joint Restraint and Seclusion Working and Reference Group overseeing the production of the guidance. Our Office have long held concerns regarding the direction of the discussions within the group, and in particular, the rejection of the proposals to base the guidance on a modified version of the guidance currently used in health settings<sup>16</sup>. Our approach was to actively participate, adopting a solution focused approach to generating guidance that would uphold pupils’ rights and wellbeing, and be both practical and safe. We have since been informed that guidance is being agreed by a Task and Finish group. Despite being a member of the Joint Restraint and Seclusion Working and Reference Group, I have not seen the revised guidance. My concern is that the Task and Finish group who are finalising the guidance does not have sufficient stakeholder representation, and I am of course concerned that the guidance produced may not adequately protect children from cruelty, harm and trauma. In my letter to the Minister, I sought assurances that article 4(1)(c) will in fact be repealed; and asked for an opportunity to review the guidance, in collaboration with children’s health and welfare experts, to ensure that it is safe, and protects children from trauma. I look forward to discussing what this Committee can do to ensure that children’s welfare in schools is legally protected.

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<sup>16</sup> The use of restraint as a last resort (e.g. to prevent harm) is permitted under Article 4 (1)(a)(b) of the Education (NI) Order 1998: (a)committing any offence; (b)causing personal injury to, or damage to the property of, any person (including the pupil themselves)