What’s Wrecking Your Head?

A report on teenage mental health in Ireland

Report prepared by ReachOut Ireland in consultation with the Irish Examiner, March 2017

Suggested citation:

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**Background**

The topical nature of the issues around youth suicide and mental health in Ireland were reflected in the 2016 establishment of a Ministerial Youth Mental Health Task Force. Developments in this area include the pending introduction of ‘Wellbeing’ as a subject area in secondary schools from September 2017. Despite the depth of public discourse, political interest and some promising policy developments, little has been heard of the voice of Irish teenagers in relation to their mental health and the prevention of youth suicide. Addressing this, a 13-item online survey was developed by ReachOut Ireland in partnership with the Irish Examiner, and promoted among teenagers via popular social media channels. Over the course of three days, more than 2,500 teenagers in Ireland completed the online survey and just under half of the respondents completed the final, open-ended question which asked “is there anything else you would like to say about the mental health of teenagers in Ireland?”

While routine data collection on youth mental health and wellbeing does not take place in Ireland, we have relatively robust information on suicide mortality and rates of self-harm which can be seen as indicators of mental health. Those rates, coupled with the community narratives across Ireland in response to recent local tragedies, have generated significant concern about the wellbeing of our young people. There is a need for greater awareness of these issues in order to shape our efforts in mental health promotion and suicide prevention. Improved understanding can also help us to find ways to instil some hope and positivity around the public conversations we are having on youth mental health. This project was developed to generate such understanding and move our national conversation forward in a positive way.

ReachOut Ireland partnered with the Irish Examiner in the development of this project with a view to reporting key findings from the online survey through a series of feature news articles in the Irish Examiner.
Introduction

The aim of this project was to hear the voices of teenagers in Ireland in relation to youth mental health and the issues that affect them. The approach reflects ReachOut Ireland’s view that mental health is relevant to all of us and there are many aspects of our day-to-day lives that impact our mental health, for better or worse. Specific objectives of this project were to explore:

- Current levels of mental health and wellbeing among teenagers
- The everyday stressors being experienced by teenagers
- What helps teenagers when they are feeling stressed
- Help-seeking preferences
- Mental health literacy
- Teenagers’ views on the subject of youth mental health.

Youth mental health is, of course, a potentially sensitive issue. With duty of care in mind, a survey was developed to achieve the objectives stated above but in as “light touch” a manner as possible. Survey items had previously been used by ReachOut Ireland in ReachOut.com user surveys and/or in a recent study conducted with students in higher education settings (Karwig et al, 2015). The one previously validated psychometric measure used in the survey was the short-form version of the Warwick-Edinburgh Mental Wellbeing Scale which has been extensively used among the age group targeted in this project. The survey was designed and promoted with a general audience of teenagers in mind.

A note on ethical considerations and questions of consent

The survey was completely anonymised and no identifying information could be captured. As the survey included open-ended questions, there was a possibility that a respondent could have communicated contact details in one of the responses. All responses were checked as soon as the survey closed to ensure that any such incidences would be picked up as soon as possible. One person communicated contact details in an offer to volunteer with ReachOut Ireland – otherwise, no other respondents provided any identifying information.

In conducting research with those under 18 years-old it is standard practice to obtain the informed consent of a parent or guardian. In this instance, guardian/parental consent was sought utilising the following statement:

“If you are under 18 years-old, please ask your parent or guardian to indicate that they have read the survey information above and are happy for you to take part in the survey.”

Where ‘No’ was ticked in response to either the personal or the parental/guardian consent statement, respondents were filtered out of the online survey and directed to a page on ReachOut.com, where the consent process was explained and details of supports and services were provided.

It is fully acknowledged that identity, along with age verification is not currently possible in online surveys and it is reasonable to assume that respondents may have ticked the box for parental consent themselves. This represents one of the dilemmas of online research, i.e. with the scale and efficiency it affords comes a lack of control over ‘in-person’ access to research respondents.
Weighing everything up in determining the approach to this project it was agreed that:

- The survey would be relatively “light touch”
- Respondents would be provided with access to information on supports available before taking the survey and upon completion of the survey.

The most important aspect of this project was the opportunity for young people in Ireland to have their say in relation to a key national conversation on youth mental health which, up until now, has largely ignored their voice. The fact that 1,142 responses were collected to the open question “is there anything else you would like to say about the mental health of teenagers in Ireland today?” suggests that this opportunity was a very welcome one.

Methodology

The survey was developed by ReachOut Ireland in discussion with the Irish Examiner. The survey instrument consisted of 13 items, including two consent questions and a mix of 11 multiple-choice and open-ended questions. One validated scale, the short version Warwick - Edinburgh Mental Wellbeing Scale (SWEMWBS) was used and permission for this use was obtained. The remainder of the survey items were carefully devised by ReachOut Ireland so as to minimise risk of distress to the young respondents, whilst still capturing their voices and insights. It was designed to be completed within five minutes. The full survey is included as Appendix 1 to this report.

The online software Survey Monkey was used for data collection to facilitate national reach of a self-selected anonymous sample within a short timeframe.

Promotion of the survey was conducted solely through social media; namely Twitter and Facebook adverts and, to a lesser extent, Instagram. The majority of respondents came through a Twitter advertising campaign that ran from 28 February to 1 March 2017. Participation was incentivised with the opportunity to win a set of Beats by Dr. Dre Solo3 Wireless headphones.

Respondents could exit the survey at any stage by simply closing the survey web page. Once respondents completed the survey, they were directed to a page on ReachOut.com where competition entry details as well as details of relevant supports and services were provided.

Once data collection ceased, data were exported into a Microsoft Excel spreadsheet for analysis. ‘Between-group’ comparisons by age, gender and other variables, were conducted using the Statistical Package for Social Sciences (SPSS) Version 21. An inductive thematic analysis was conducted on the answers to the final open question in order to generate key themes emerging from the responses. This analysis involved independent coding of each response to the final open question by two team members before discussion and agreement on the major themes emerging.

The relatively large sample size of over 2,500 teenagers gives confidence levels of over 95% to the dataset.
Results and discussion

In total, 2,742 young people began the survey. Of these, 74 answered ‘No’ to either or both of the consent questions and thus did not proceed. A further 154 young people gave consent to begin the survey but did not proceed to answer the next question. Additionally six duplicate responses were noted and then deleted from the data set. These six people had taken the survey twice, either in a potential attempt to enter the competition twice or because they had not fully completed their first survey attempt and returned to complete a new survey.

The final sample consisted of 2,508 young people, of whom 2,170 (86.5%) completed Q12, the final required question. The final question (Q13) was an open one and was completed by 1,142 (46%) respondents.

The results are reported under the following headings:

1) Demographics
2) Mental health and wellbeing
3) Sources of mental health information and support
4) Mental health literacy
5) Thematic analysis.

Note: Direct quotes from respondents are used throughout this report. Please keep in mind that any spelling or grammatical errors within quotes are the respondents’ own.

1) Demographics

Gender

There are gender differences in relation to personal mental health and wellbeing which are reflected, for example, in the relative incidence of self-harm and suicide among Irish adolescents. In a recent study of self-harm and suicide among 15 to 17 year-olds in Ireland, McMahon et al (2014) report that for every young male who died by suicide, 16 presented to hospital with self-harm and 146 reported self-harm in the community. For every young female suicide, 162 females presented to hospital with self-harm and 3,296 reported self-harm. These findings are in keeping with the general trend towards higher rates of suicide among young males and higher rates of self-harm among young females.

Figure 1: Gender

![Gender Chart]

- 65.4% (1,639) Female
- 32.1% (804) Male
- 0.4% (10) Transgender
- 2.2% (55) Other (please specify)

n = 2,508
In this survey, 65% of respondents were female, 32% male and 0.4% transgender. In previous ReachOut Ireland online research with self-selected samples, similar gender ratios were found; on average 68% of young respondents to ReachOut.com user surveys identified as female, 31% identified as male and 1% identified as transgender.

In addition, in the present survey, 55 young people answered ‘Other’ in relation to gender. Of these, 18 reported “non-binary”, four said “Agender”, two said “genderqueer” and two said “gender fluid”. Five respondents referred to being an “attack helicopter” which is a popular culture reference to a term sometimes used to parody gender and sexual identification on blog or social media posts. The remainder were once-off, individual responses.

The next three charts display gender ratios for three age groups; early adolescence, mid-adolescence and late adolescence. These age groups are explained later in the report.

Figure 2: Gender of early adolescents (13 and 14 year-olds)

Figure 3: Gender of mid-adolescents (15, 16 and 17 year-olds)
Age

There was a spread of respondents across the teenage years with the fewest respondents being aged 13 years-old (6%) followed by those aged 14 (10%). Our mental health can be influenced by life experiences which accumulate as we journey through the teenage years. From a research perspective, Kessler’s work from the United States on ‘age of onset’ of mental disorders is relevant here given that 50% of mental disorders begin by age 14 (Kessler et al, 2007). Sociologically, the teenage years are marked by a number of different transitions including the move from primary to secondary school and in turn the move to college or further training or employment.
For the purposes of analysis, respondents were categorised into one of three groups as shown in Table 1 below.

**Table 1: Age groups**

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Early Adolescence</td>
<td>399</td>
<td>16</td>
</tr>
<tr>
<td>(13 - 14 years-old)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mid-Adolescence</td>
<td>1,325</td>
<td>53</td>
</tr>
<tr>
<td>(15 - 17 years-old)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Late Adolescence</td>
<td>784</td>
<td>31</td>
</tr>
<tr>
<td>(18 - 19 years-old)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>2,508</td>
<td>100</td>
</tr>
</tbody>
</table>
Location

Respondents were asked if they lived in: a rural area; an urban area (defined as a town of 1,500+); Dublin; or, a city other than Dublin.

Figure 8: Geographic location

A significant minority, nearly four out of ten respondents, reported that they live in a rural area. This may reflect one of the advantages of online data collection given that the traditional barrier around access for people living in rural areas is eliminated in online research.

Charts depicting gender differences and age differences in geographic location are presented in Appendix 2.
2) Mental health and wellbeing

Survey respondents were asked about their mental health and wellbeing in three different ways:

- A subjective personal rating based on a scale from ‘Very good’ to ‘Very poor’.
- The short version of the Warwick - Edinburgh Mental Wellbeing Scale (SWEMWBS) which is a standardised and validated measure of wellbeing for use with teenagers.
- Through responding to a list of possible stressors in their lives (with the option to specify additional ‘others’ in a free-text field).

Subjective mental wellbeing

Overall, only 34% of respondents reported ‘good’ or ‘very good’ personal mental health while 62% rated their mental health as ‘average’, ‘poor’ or ‘very poor’.

Figure 14: Self-reported mental health

Males were more likely to report better mental health than females (p<.001). The percentage differences can be seen in Figures 15 and 16.

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1 ‘p’ values refer to the level of probability of an event (finding) occurring – the lower the ‘p’ value, the more statistically significant (with a value of 0.05 or less typically accepted as statistically significant).
The early adolescents (13 and 14 year-olds) reported better mental health compared to those in mid and late-adolescence (p<.001). This implies that as young people move through their teenage years, their level of mental health worsens.

This is consistent with findings from the *My World Survey*, where levels of depression and anxiety were significantly higher for 18 and 19 year-olds than for 13 and 14 year-olds.
Figure 17: Self-reported mental health (early adolescence)

Figure 18: Self-reported mental health (mid-adolescence)

Figure 19: Self-reported mental health (late adolescence)
Mental wellbeing scale

Measured using the short version of Warwick-Edinburgh Mental Wellbeing Scale (SWEMWBS), Figure 20 shows that most respondents were clustered towards the middle of the wellbeing scale – the higher the score being indicative of higher wellbeing.

Figure 20: Mental wellbeing

![Mental wellbeing chart](image)

There was a strong relationship and consistency between subjective mental health rating (reported above) and total score on the SWEMWBS ($p<0.001$) meaning that when a respondent rated their own mental health as ‘very good’, their SWEMWBS score was likely to be quite high, with higher scores corresponding to higher wellbeing. This finding is positive in terms of both the consistency and reliability of the survey instrument and because it reflects the young respondents’ ability to accurately report their own level of mental health.

Figure 21 displays the individual statements that comprise the SWEMWBS.

Figure 21: Mental wellbeing statements

![Mental wellbeing statements chart](image)
As with the self-report measure of mental health, wellbeing decreased with age and the lowest scores on the scale were reported by those in their late adolescence (p<.001). Also similar to the self-report measure, females scored lower levels of wellbeing compared with males (p<.001). This pattern holds true for each of the individual statements in the scale also, i.e. each statement in the scale is more likely to be endorsed by males compared with females and by the younger adolescents compared with the middle or late adolescents.

While their numbers were relatively small, the transgender/non-binary respondents (n=45) had significantly lower scores for both the self-reported mental health measure (p<.001) and on the mental wellbeing scale (p<.001). In population terms, the number of transgender or non-binary young people is relatively very small. Anecdotally however, it is becoming apparent that the experience of being transgender or identifying as non-binary is associated with mental health difficulties and increasing likelihood of engagement with mental health services.

### Stressors in everyday life

The survey asked teenagers to select things that have ever caused them stress or difficulty from a list of 12 items, with the option to specify additional stressors. Overall, ‘Exams’ (selected by 81%) followed by ‘School’ (selected by 80%) were the most common stressors. Of note, the next most frequently selected issue was ‘Body image’ (72%), followed by ‘Friends’ (69%) and ‘Family’ (63%). ‘Social media’, much discussed as a source of tension between parents and teenagers, was selected as a stressor by 43% of the sample.

#### Figure 22: Causes of stress

<table>
<thead>
<tr>
<th>Stressor</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exams</td>
<td>81%</td>
</tr>
<tr>
<td>School</td>
<td>80%</td>
</tr>
<tr>
<td>Body image</td>
<td>72%</td>
</tr>
<tr>
<td>Friends</td>
<td>69%</td>
</tr>
<tr>
<td>Family</td>
<td>62%</td>
</tr>
<tr>
<td>Relationships e.g. boyfriend, girlfriend</td>
<td>48%</td>
</tr>
<tr>
<td>Money</td>
<td>47%</td>
</tr>
<tr>
<td>Social media</td>
<td>43%</td>
</tr>
<tr>
<td>Bullying</td>
<td>29%</td>
</tr>
<tr>
<td>College</td>
<td>27%</td>
</tr>
<tr>
<td>Local or world news</td>
<td>26%</td>
</tr>
<tr>
<td>Sexuality</td>
<td>18%</td>
</tr>
<tr>
<td>Other</td>
<td>8%</td>
</tr>
</tbody>
</table>

n = 2,363

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2 Non-binary is used here as an umbrella term for respondents who identified specifically as ‘non-binary’, but also as ‘Agender’, ‘gender fluid’, ‘gender queer’ and ‘none’. 

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The fact that ‘Exams’ was most frequently selected is perhaps unsurprising as they are commonly stressful experiences and survey data collection coincided with the ‘mock’ or ‘pre’ Junior and Leaving Certificate exams for many respondents. Similarly, it is not surprising that ‘School’, ‘Friends’ and ‘Family’ were also commonly selected as they represent the central axes of social life for most teenagers. In this context, it is welcome that ‘Wellbeing’ will be part of the secondary school curriculum from September of 2017. Perhaps more noteworthy is the selection of ‘Body image’ as a source of stress or difficulty by 72% of the sample.

There were some notable differences between males and females regarding causes of stress or difficulty. Females were more likely than males to select all of the stressors and this was statistically significant (p<.01) across the following categories: exams, school, body image, family, friends, money, social media, relationships, college and local or world news.

Some of the differences were more pronounced, for example 86% of females selected ‘Exams’ compared with 72% of the males, 84% of females selected ‘School’ compared with 71% of the males, 76% of females selected ‘Friends’ as a source of stress compared with 55% of males and 81% of females selected ‘Body image’ as a source of stress, compared with 52% of males.

Comparing the three broad age groups, the mid-adolescence group (15-17 year olds) most frequently selected ‘Exams’, ‘School’, ‘Family’, ‘Friends’ and ‘Body image’ as stressors (all statistically significant differences). It may be the case that those middle teenage years are more stressful because of the transitions being experienced, for example biological and social changes. Logically, it was found that late adolescents were more likely to select ‘Money’ and ‘College’ as causes of stress compared with the two younger age groups (p<.01).

Charts displaying percentage differences by age and gender are presented in Appendix 2.

Other stressors identified by teenagers

One hundred and ninety eight young people added an ‘other’ cause of stress in addition to those reported in Figure 22. Many of these additional causes of stress were quite personal and were once-off responses.

However, some ‘other’ causes of stress emerged quite frequently and the top five were as follows:

- Health concerns (mental and physical) were reported as a cause of stress by 36 young people, for example “Dealing with long term illness” and “Depression”
- Sports were a cause of stress for 32 of the young people, most of whom simply wrote “sports” but a few elaborated, for example “Sports i.e. The pressure to preform day in day out and the pressures of making it to training above all else”
- Work was a cause of stress for 16 young respondents
- “The future”, including ‘death’ was a cause of stress for 11 young respondents, for example “What I’m gonna do with the rest of my life” and “fear of death”
- Grief was a cause of stress for 10 young respondents, some of whom specifically mentioned the death of a relative or friend.
3) Sources of mental health information and support

The nature of help-seeking for health issues has changed considerably in recent years, with an increasing range of options available for people seeking health information and support. This is particularly the case in the area of youth mental health whereby online resources have developed to meet youth mental health need in a way that circumvents traditional barriers to support including poor availability, cost and fear of stigma associated with being seen to seek support for personal difficulties.

This change in the nature of help-seeking in the area of youth mental health is reflected in a number of recent Irish studies. For example, the My World Survey reported that 77% of young adults (aged 17 to 25 years-old) would use the internet for mental health information or support and 55% had actually done so in the past (Dooley and Fitzgerald, 2012). In a recent study of college students, Reaching Out in College, it was reported that 49% of the sample had previously used an online resource for mental health information or support (Karwig et al, 2015). In both of these studies, ‘the internet’ was the most commonly selected source of mental health information/support ahead of other informal options such as ‘family’ and ‘friends’.

In this survey of teenagers, the question in relation to help-seeking and likely sources of mental health information and support was refined to reflect changing use and understanding of technology whereby, for young people especially, ‘the internet’ is not an everyday term. Rather, the use of mobile technology has seamlessly integrated into everyday experience and it is more common to think in terms of apps/sites, online search and social media. Along with those terms, a list of informal and formal sources of support similar to those included in previous studies was included in a question on mental health information and support as presented in Figure 23.

Figure 23: Sources of information and support

<table>
<thead>
<tr>
<th>Source</th>
<th>Likely</th>
<th>Not Sure</th>
<th>Unlikely</th>
</tr>
</thead>
<tbody>
<tr>
<td>Online search</td>
<td>50%</td>
<td>17%</td>
<td>25%</td>
</tr>
<tr>
<td>Friends</td>
<td>56%</td>
<td>23%</td>
<td>21%</td>
</tr>
<tr>
<td>Mental health website/app</td>
<td>41%</td>
<td>23%</td>
<td>36%</td>
</tr>
<tr>
<td>Family</td>
<td>39%</td>
<td>25%</td>
<td>36%</td>
</tr>
<tr>
<td>Counsellor</td>
<td>22%</td>
<td>22%</td>
<td>56%</td>
</tr>
<tr>
<td>Social media</td>
<td>20%</td>
<td>19%</td>
<td>62%</td>
</tr>
<tr>
<td>School counsellor</td>
<td>17%</td>
<td>18%</td>
<td>65%</td>
</tr>
<tr>
<td>GP</td>
<td>13%</td>
<td>20%</td>
<td>67%</td>
</tr>
<tr>
<td>HSE Mental Health Service</td>
<td>9%</td>
<td>23%</td>
<td>67%</td>
</tr>
<tr>
<td>Telephone helpline</td>
<td>6%</td>
<td>17%</td>
<td>78%</td>
</tr>
</tbody>
</table>

n = 2,273
Results among the teenage respondents were similar to those reported for previous studies, whereby ‘online search’ was the most commonly selected ‘likely’ support (58%) followed by ‘friends’ (56%), ‘mental health website/app’ (41%) and ‘family’ (39%).

While not statistically significant, it is notable that a higher percentage of females (61%) selected ‘online search’ as a likely source of support compared with 52% of males. The most likely source of support for males was ‘friends’.

**Figure 24: Sources of support (females)**

<table>
<thead>
<tr>
<th>Source of Support</th>
<th>Likely</th>
<th>Not Sure</th>
<th>Unlikely</th>
</tr>
</thead>
<tbody>
<tr>
<td>Online search</td>
<td>23%</td>
<td>34%</td>
<td>17%</td>
</tr>
<tr>
<td>Friends</td>
<td>20%</td>
<td>22%</td>
<td>5%</td>
</tr>
<tr>
<td>Mental health website/app</td>
<td>34%</td>
<td>35%</td>
<td>22%</td>
</tr>
<tr>
<td>Family</td>
<td>35%</td>
<td>22%</td>
<td>61%</td>
</tr>
<tr>
<td>Counselor</td>
<td>55%</td>
<td>22%</td>
<td>18%</td>
</tr>
<tr>
<td>Social media</td>
<td>58%</td>
<td>22%</td>
<td>18%</td>
</tr>
<tr>
<td>School counselor</td>
<td>66%</td>
<td>16%</td>
<td>14%</td>
</tr>
<tr>
<td>HSE Mental Health Service</td>
<td>66%</td>
<td>16%</td>
<td>14%</td>
</tr>
<tr>
<td>Telephone helpine</td>
<td>78%</td>
<td>16%</td>
<td>5%</td>
</tr>
</tbody>
</table>

n = 1,516

**Figure 25: Sources of support (males)**

<table>
<thead>
<tr>
<th>Source of Support</th>
<th>Likely</th>
<th>Not Sure</th>
<th>Unlikely</th>
</tr>
</thead>
<tbody>
<tr>
<td>Friends</td>
<td>23%</td>
<td>35%</td>
<td>19%</td>
</tr>
<tr>
<td>Online search</td>
<td>30%</td>
<td>24%</td>
<td>22%</td>
</tr>
<tr>
<td>Mental health website/app</td>
<td>35%</td>
<td>40%</td>
<td>22%</td>
</tr>
<tr>
<td>Family</td>
<td>40%</td>
<td>25%</td>
<td>18%</td>
</tr>
<tr>
<td>Counselor</td>
<td>60%</td>
<td>19%</td>
<td>20%</td>
</tr>
<tr>
<td>Social media</td>
<td>63%</td>
<td>13%</td>
<td>19%</td>
</tr>
<tr>
<td>School counselor</td>
<td>72%</td>
<td>14%</td>
<td>12%</td>
</tr>
<tr>
<td>HSE Mental Health Service</td>
<td>69%</td>
<td>10%</td>
<td>24%</td>
</tr>
<tr>
<td>Telephone helpine</td>
<td>66%</td>
<td>17%</td>
<td>5%</td>
</tr>
</tbody>
</table>

n = 701

The popularity of ‘online search’ as a source of information and support increased with the age of respondents as can be seen in Appendix 2.

Across the whole sample, only 13% reported the ‘GP’ as a likely source of information or support, 9% selected ‘HSE mental health service’ and only 6% selected ‘telephone helpline’. Both the *My World Survey* and *Reaching Out in College* found similar results in relation to the ‘telephone helpline’ option. A recommendation of this consistent finding is that mainstream media should signpost online resources as well as phone numbers when listing mental health supports.
A further implication is the need for investment in online mental health resources. At present, investment is concentrated on traditional approaches to service provision notwithstanding the move towards lower threshold, easier access youth mental health services in the community. Such community-based youth mental health services may address some of the barriers to help-seeking but they remain, by their nature, accessible only in particular geographical areas and are costly to staff and run. As has been demonstrated elsewhere, particularly in Australia, investment in scalable online resources can meet a significant proportion of youth mental health need and can provide an appropriate alternative to over-subscribed health professionals and mental health services.

Such an approach is in keeping with the model of help-seeking in the twenty-first century described by Debra Rickwood (2005) whereby:

- We use reliable online resources to find out about the issue that is troubling us
- Armed with accurate information and feeling more confident, we open up to someone else
- Together, we find information on the supports that are available and most appropriate
- We access those supports and get the timely help that we need from appropriate services.

The approach described by Rickwood does not require everyone to go through all of these stages; some people are reassured by learning that they are not the only one feeling anxious in social settings, feeling depressed from time-to-time or constantly arguing with a family member. This approach to help-seeking also brings considerably more options to light for people who do need extra support. The alternative (i.e. the current approach) is to funnel everyone into mainstream HSE services via general practice which is already under significant pressure. When GPs do refer onwards, the most likely referrals are to mental health services with lengthy waiting lists which may not even be the most appropriate source of support.

**Previous actual use of resources for mental health support**

In addition to asking about supports they would be likely to use, respondents were also asked to report which supports they had actually used before. Within the 906 valid responses to this open-ended question, the following were listed (many listed more than one source of previous support):

- 331 (36.5%) had spoken to a friend (which included boyfriend and girlfriend) for support
- 243 (26.8%) had spoken to family for support
- 213 (23.5%) attended a counsellor
- 185 (20.4%) used school or college based supports
- 136 (15.0%) attended a HSE service
- 129 (14.2%) reported using online searches
- 117 (12.9%) attended a GP
- 78 (8.6%) reported using mental health websites
- 56 (6.2%) used a telephone helpline
- 37 (4.1%) reported using social media (e.g. Facebook etc.)
- 33 (3.6%) had used other services.
What helps when feeling stressed?

The open-ended question exploring what helps when feeling stressed was answered by 2,045 teenagers. “Music” was by far the most popular way of reducing stress, with 40% (n=814) suggesting music helps them. This category included listening to music as well as playing music and singing. One young person made the following comment: “Music is a major one, it helps me to forget about all the problems and release me to a different world far from my problems, music shows that we aren’t the only people suffering. If music doesn’t help I go for a walk, alone, to help my head become emptied and I return home feeling fresh. Other times I head out to see friends who can help cheer me up, depending on the circumstances.”

Figure 29: What helps when you are feeling stressed?

Overall, more than 100 different ways of reducing stress were identified. While the vast majority of respondents identified healthy and positive ways of coping with stress, some young people did suggest quite unhealthy coping strategies, for example, “I usually go out and binge drink”. There were also 14 young people who identified self-harming behaviours as ways of coping with stress, including “Smoking, drinking, self-harm”, “cutting” and “hitting things”.

There were some interesting differences between males and females regarding what helps them when they are feeling stressed. Females mentioned stress relievers such as ‘crying’, ‘a bath’ and ‘meditation’ more frequently than males, whereas males identified stress reducers such as ‘video games’, ‘football’, ‘gym’ and ‘relaxing’ more frequently.
4) Mental health literacy

The final structured survey item explored the concept of ‘mental health literacy’ as it relates to understanding of access to mental health information or support. This is one of the key components of mental health literacy as originally described by Jorm and colleagues (1997). While the concept of mental health literacy has been discussed as too “narrow in its focus on the recognition of mental disorders” (Chambers et al, 2014) the component related to knowledge and understanding of where to turn for support is sufficiently general to be a widely acceptable measure of the level of mental health literacy among Irish teenagers.

Figure 30: Understanding of getting information or support

Overall, the sample of teenagers reported reasonable levels of mental health literacy. Self-ratings of ‘very good’ or ‘good’ were reported by: 61% in relation to ‘how to help a friend’; 60% for ‘who to talk to if you’re going through a tough time’; and, 48% for ‘where to find information on getting through a tough time’. However, the recent study of college students, Reaching Out in College (2015) reported higher percentages of self-rated understanding as ‘very good’/‘good’ for each of these statements and this may reflect increased exposure to mental health information as young people move from school to college settings.
There was one notable difference in terms of age. A higher percentage of early adolescents reported ‘very good’ levels of understanding of ‘where to find information on getting through a tough time’ compared with the mid and late adolescents; 20% vs. 14% and 13% respectively. The charts containing these data are available in Appendix 2.
5) Thematic analysis

There were 1,142 responses to the final, open-ended question in the survey which asked “And finally, is there anything else you would like to say about the mental health of teenagers in Ireland today?”. As with the survey generally, this yielded more data than was anticipated, perhaps reflecting the fact that the opportunity to have a say on this issue was a welcome one.

In order to analyse and represent the views of the respondents who answered this question, two members of the ReachOut Ireland team reviewed and coded each answer before collating those codes to generate the main themes. The generation of themes followed the guidance set out by Braun and Clarke (2006) in their paper Using thematic analysis in psychology. In that paper, Braun and Clarke suggest the following considerations before analysis begins:

- “What counts as a theme?” – in this instance, the number of mentions of a particular issue is important, e.g. “school”, but other themes were identified based on the expression of unexpected but key insights, especially in some respondents’ analysis of the conversations we are having about mental health.
- Is the aim to provide an analysis of the full dataset, or to describe one particular aspect in detail? – the analysis here aims to be representative of the full dataset.
- Is the analysis inductive (data driven) or deductive (theory driven)? – the analysis presented below aims to give voice to the teenagers who responded to the survey, it is not based around a particular theory.

Further considerations are suggested by Braun and Clarke, including the tension between interpreting individual expression in its own right and the consideration of social context. In this analysis, social context was considered with a view to making youth mental health policy and service development recommendations that reflect the opinion and voice of teenagers in Ireland.

Key themes

Following independent coding of responses to Question 13, two members of the ReachOut Ireland team discussed and agreed the following as the major themes emerging from the data:

Theme 1 – School life
Theme 2 – “Under pressure” (how teenagers are feeling)
Theme 3 – The state of “mental health” in Ireland
Theme 4 – “White noise”/ The mental health paradox
Theme 5 – Supports, services and help-seeking
Theme 6 – Public awareness and education
Theme 7 – Social media
Theme 8 – Suicide.
Theme 1 – School

‘School’ was the most common theme emerging from the data and many sub-themes arose in relation to school including: exams; homework; school life; lack of supports at school; missed opportunities of utilising the school setting; and, the role of teachers. The majority of the sample are of traditional school-going age and in the structured questions in the survey ‘school’ was cited as a stressor by 80% of respondents, while ‘exams’ was cited by 81%. In the responses to the final open-ended question, school was mentioned over 400 times.

There was a real depth of negative feeling communicated in relation to the school system and school life in general. The following quotes were representative of many respondents’ views:

“Many teenagers suffer due to stress of school and exams. Some serious investigation needs to be done on the education system in Ireland. It is not okay for 70/80% of students to be hating getting up in the morning going to school because they know how bad it makes them feel” and “I hate school with a passion and the mental health isn’t being made mandatory but religion is. Disgrace. I would love to have people more educated on mental health and for everyone to know it’s okay to not be okay.” Even more simply, one female stated “it’s ridiculous how much pressure school puts on teenagers.”

Beyond general negative views of school life and the education system, the role of teachers was an important and common sub-theme – according to one 17 year-old “ Teachers play a vital role in the mental health of teenagers. I don’t think they realise how much they can put sensitive students down.” There is no doubt that teaching is a challenging position and it is impossible for teachers to be able to adequately address the mental health needs of their students. This is not the primary role of a teacher. Nevertheless, teachers play a central role in the everyday lives of teenagers and the challenging nature of this role was reflected in this expression of frustration from one respondent:

“teachers don’t seem to understand that sometimes when i don’t do my homework or i’m not working as hard it’s not because i’m lazy or can’t be bothered, it’s because i’m just unable to do anything when i feel low.”

A third year student expressed similar frustration:

“I think teachers especially need to be easier on Kids and give them confidence. Personally, I feel like teachers and school cause me the most stress and anxiety. there is too much pressure put on our shoulders from teachers. I am currently in third year and the pressure that is drilled into us by our teachers is really overwhelming. I wish teachers could understand the stress we are going through and give us a break sometimes or even just make us feel like, if we need to, we can talk to them.”

The pressure point of Junior and Leaving Certificate exams featured prominently in respondents who addressed school and education. Many emphasised the universality of the stress caused by exams - “I would say that almost everyone in my year is going through a tough time right now mainly due to the leaving cert” and “The Leaving Cert/points system is an absolutely horrific system to have in this day and age. The stress levels it cost me and my friends was not pleasant at all.” The constant references to the pressure of exams was typified by this 17 year-old “School is awful for real, the leaving cert is destroying kids. There are people who have been on their death beds in hospital and still try to do it (the Leaving Cert). Too. Much. Pressure.”

Some respondents spoke of mental health awareness in the school setting in generally positive terms, including this transition year student: “I am in TY and 80% of our speakers thats came in to speak with us, were talking about Mental Health. They all told us a story. I strongly think that Mental
Health shouldn't just be stressed about in TY, but all throughout secondary school and become a subject just like religion as it’s equally important.”

A very strong theme throughout was around the opportunity that the school setting provides to promote mental health and build awareness. These quotes provide a sense of those suggestions:

“I believe there needs to be proper mental health education which should be compulsory in every secondary school in this country”

“Schools should talk about mental health, sexuality and how to cope with the pressure of exams, paying for college and teach kids how to go about applying for work, drug addiction support that doesn’t involve judgement, loans and grant money for college”

“Introduce more practical classes. Reduce the amount of time teens spend sitting at a desk in silence writing and let teens have a voice.”

“Also mental health is not talked about in school much/at all until an unfortunate event such as a suicide has happened by which stage it is too late. The problem should be tackled well in advance”.

The introduction of ‘Wellbeing’ as a formal subject area on the secondary school curriculum in September 2017 is very welcome in the context of the views of the teenage respondents to this survey. ‘Wellbeing’ will incorporate the learning traditionally covered in physical education (PE), social personal and health education (SPHE) and civics and political education (CSPE). It must be hoped that in the context of this reform, mental health will be routinely and comprehensively addressed so that a positive culture change can begin in relation to the experience of teenagers in the secondary school system.

Theme 2 – “Under pressure” (how teenagers are feeling)

The theme of young people being under pressure was very evident – both in relation to school life and in general. The expression of this sense of feeling “under pressure” related to personal feelings, the experience of groups of friends and young people in Ireland generally.

One female described her experience in the context of “comparison” with others: “I feel like I’m always being compared to someone else in anything I do, making me feel like if I don’t reach a high standard, that I’m stupid.”

It was very common for respondents to speak in personal terms and also speak about their group of friends: “Talking with my friends I’ve realised that we are more stressed about pressures adults put on us than anything else. The majority of my friends have either been diagnosed with anxiety or depression or have been seeing counsellors regularly. I don’t know if the pressures and the anxieties are related but I know i feel a constant pressure on my chest and anxiety every day.”

This was expressed in more simple terms by others, for example, “(the) mental health of teenagers here is pretty bad I think. My friends and I are all horribly depressed and all of us have missed days of school due to health complications caused by stress.” and “Most of us seem down as hell.”

Some respondents adopted a more general view on the life of teenagers saying that “teenagers have their head wrecked by other people expecting them to be perfect and not make any mistakes” and “things need to change – the pressure teenagers are under is unbearable.”

A few people who addressed the theme of “pressure” went through a typical school day and added up the hours that school, homework, chores, sports, sleep and meal time takes up which leaves very little time for anything else.
Although lengthy, this response nicely represents a number of young people who provided a breakdown of how time is spent on a typical day:

“It is recommended that teenagers get at least eight hours sleep, so let’s say you go your asleep by eleven pm and wake at 7am to get ready for a day of school. Roughly you get home from school at 4pm and probably hungry. You fetch yourself a snack and chat with your family and before you know it, it’s already 4:30pm. It’s recommended we do 4 hours of study/school work so that leaves you up until 8:30pm with no breaks. Obviously you need an hour for dinner and maybe clean up, do some chores. Now we are at 9:30pm, some of us have hobbies which probably take up an hour or two. We’re out of time and we still need to wash ourselves and have a social life and go on social media and might I add, it’s recommended we switch off screens an hour before bed for a better night sleep. There is just not enough hours in a day anymore when school takes up majority of the time. I’m even surprised I had time to take this survey and write this.”

There might be practical solutions to some of the pressure that teenagers are feeling by addressing the issue of time pressure and exploring the relative productivity of extended homework or study time. More difficult aspects of pressure to address include pressure around social media and body image which will be addressed below.

Theme 3 – The state of “mental health” in Ireland

Many respondents acknowledged that mental health is a key national issue and expressed the view that the mental health of young people in particular, is generally very poor or worsening:

“Mental health is more important than exams and school. Please make sure teenagers are healthy otherwise what’s the point?” and “The mental health of teenagers in Ireland today is extremely worrying”. The consequences of poor mental health among teenagers in general were referenced by a 17 year-old male who stated that “the general mental health of youth nowadays can be described in one word, awful. Teens turn to alcohol and drugs as an excuse for an escape from the pain and suffering we go through on a daily basis.”

Several young people who commented on mental health as ‘an issue’ alluded to struggling with mental health problems themselves:

“I feel strongly about the mental health problem in young people today. It’s something I experienced first-hand but I would have never thought I’d be in that position. It’s not a situation you choose to be in.”

Along with expression of personal mental health difficulties, many respondents recognised difficulties among friends and peers: “I’ve noticed anxiety is a huge issue amongst teens nowadays in Ireland. A lot of my friends struggle with not average levels of anxiety as well as my cousins and I.”

Stigma was mentioned as an issue that can be a barrier to help-seeking:

“The stigma around mental health makes it more difficult to reach out” and, in particular, the issue of stigma was mentioned in relation to young men: “As a male, I know for a fact almost every male teenage that I know (and that’s a good amount) will ALWAYS hide what they are feeling.”

There was a sense that young people feel that their mental health isn’t taken seriously by the adults in their lives as demonstrated by a young person who commented “I feel like mental health in teenagers is not is not really payed attention to we’re always just been looked at as moody”. It was also seen by many as something that is not a priority for government or society in general:
“I believe that it is a growing issue in youth society today and sadly the government aren’t paying as much attention to it as they are other matters. The mental health of teenagers is a lot more important than things like water charges. We are the future of this country.”

In a reference to the public discourse on mental health one young person said, “The only source I have ever heard that I felt truly understood and wanted action are the rubberbandits. I think it’s a shame that as a young person the only person I think cares about mental health is a man with a plastic bag on his head”.

**Theme 4 – “White noise”/ The mental health paradox**

There was some frustration about the amount of talk there is about mental health, the glamourising of it and the idea that it can be too easy to say you have depression or another mental health problem. Nonetheless, there were far more teenagers who said that the issue is not spoken about enough and that many teenagers are experiencing mental health difficulty. It was difficult to summarise the commentary on the subject of mental health, although it is reasonable to say that views were mixed – perhaps reflecting a certain “normative confusion” on the subject.

For some, there is simply too much talk about mental health – “To me, it seems as if there’s too much awareness for mental health sometimes. You need an escape from negativity and sometimes that’s not possible because depression/suicide is practically everywhere.”

An interesting claim, by a minority of those who answered, that some people are “faking it” was a clear and important theme because those who expressed this view generally reported serious personal difficulties. As one 17 year-old female put it “Some people are faking mental health issues to get attention. So then when someone has a genuine issue, they are told they are attention seeking, and this only makes the problem worse.” Another female suggested “it’s a bit overdone. Loads of people are saying oh I’ve mental health problems and that’s great but other generations especially my parents say ugh they can’t all have mental health problems, and people only say they have for attention. That makes it really hard for me to say that I’m struggling and I’m not coping.”

This is a sensitive theme and it gets to the heart of mental health as an issue. The experience of mental health, for better or worse, is very personal and subjective. The state of our mental health captures both who and how we are. The fact that we cannot physically measure or view another person’s feelings means that the area of mental health relies on human beings communicating with others in a spirit of openness, honesty and acceptance. So, when a teenager says “people need to stop romanticising weak mental health”, some others are likely to be upset by the notion that we do.

Further responses related to this theme reflect the tension between our understanding of mental health and mental disorder:

“There is too many people claiming they have mental health problems, when clearly they don’t. I believe “anxiety” is being overdiagnosed, It makes me angry when people claim they have anxiety when clearly they don’t, they just are having a nervous day. I believe we need to spread the message about what REAL symptoms of mental health disorders are so people who are actually suffering can recognise what is happening, & people who are upset over " bullying " can realize they’re being over sensitive.”

Others suggested it has become fashionable to have a mental health problem and that social media facilitates this to some extent – “the promotion of mental health has led some Irish teenagers to almost fake their problems on social media which has led to sadly the focus being sent away from people who actually need the help”.

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This theme completely relates to the ways in which mental health is spoken about in Ireland. For a while now, there has been this notion that it is great that mental health and suicide are finally being spoken about — the idea that these subjects are no longer ‘brushed under the carpet’. This in itself is not necessarily a good thing or the whole story. What is fundamentally important is the way in which these issues are spoken about. These issues should be spoken about in the context of the supports that exist and in the spirit of empathy and shared humanity. Too much mental health conversation is either negative and hopeless or framed in medical and diagnostic terms. One teenager suggests that “a lot of teens misinterpret depression as sadness and self diagnose which leaves them believing they are worse and this is very negative”. There is a clear opportunity to give direction to the national conversation on mental health in the context of the school setting and this is addressed under ‘Theme 1’ above (schools).

There is a lot of sense in this 15 year-old, male’s suggestion that “it (mental health) is both over emphasised and under resourced, paradoxically”.

Theme 5 – Supports, services and help-seeking

There was a recurring theme around getting support which highlighted views on services and discussed barriers to getting help, suggesting it can be “hard to find out who is upset in every day life as people hide their emotions. Nobody wants to be a burden or the centre of attention, well I don’t anyways.”

The challenge in breaking down such barriers was reflected in another comment: “I find you genuinely don’t know what’s happening behind closed doors. My best friends could be struggling severely but we live in a country where people are too scared to open up about how their feelings. Coming from a 15 year old who comes across as being a strong independent person I feel as if I would be overlooked if anyone heard that just like every other Irish teenager I do have my rough days. Glad to see there’s something being done about it.”

Similarly, the perception that your problems may not be as bad as others or might not be deserving of help was expressed by some respondents. For example, one commented that “although there is help there and people know where and how to find the help not everybody has the confidence to go and talk about their problems as they feel their problem isn’t a ‘big enough issue’ to bother people with.” Another teenager suggested “although supports are available they are often hard to use because you feel that compared to other people’s problems yours is so small that you shouldn’t use the supports because you don’t want to take them from someone who has it harder than you, even if you cry yourself to sleep every night and feel like you have no friends.”

Other barriers related to an inter-generational tension between teenagers and adults who may not always take teenagers seriously — “everyone dismisses it because they think we’re just moody teenagers but that’s really not the case. That’s why we’re to afraid to say anything, and when someone does say something people don’t take it seriously they blame it on hormones.”

‘Gender’ was a sub-theme around help-seeking as well and some suggested young males are less likely to ask for help: “I think that people’s attitudes are improving but for lads I think it is especially hard to share your emotions as you could be perceived as ” weak “.”

Some of the suggestions to improve help-seeking related to knowledge and understanding of mental health issues and this was sometimes related to the challenge and opportunity to support others. “We aren’t taught anything at all of how to deal with problems that we ourselves, or other people
may be dealing with” reported one teenager and another stated “I would like to learn how to help my friends/family when they have a panic attack or something similar. I want to be able to help.”

Practical suggestions about service provision were often around counselling services:

“There should be free counselling services in big towns like Ballincollig and Douglas. Easy access is key” and “Mental issues are a part of life and more, free one to one counselling without parental consent would help”.

Opportunities might also lie in resourcing youth workers who were referenced positively by some respondents as a potential source of support:

“It would be nice to actually have a proper youth service building in the area and a place to talk to youth workers or look for help without parental/guardian consent”

It may be that youth workers can complement the support available in traditional settings such as school - “It (mental health) needs to be supported more by youth workers in schools not just teachers. Teachers don’t have enough tools to teach / facilitate about mental health.”

The challenge of providing support to young people in rural areas was well described by this respondent who suggested online or phone-based solutions:

“There is a big lacking of support for rural teens. In order to go to a GP or counsellor they need lifts from parents or from someone they know who may react badly/be part of the issue/say no. Online services/calls/texts should be emphasised for teens as it is what they use most/comfortable with and easy for them.”

The fact that a parent or someone else known to a teenager could be part of the problem was echoed by another respondent who pointed out that “Many teenagers may not feel they have anyone to turn to. People say to tell a friend, a parent, a relative or a teacher but in reality most of the situations which cause angst and stress for teenagers are related to friendship, family or school so how can it be expected of us to tell our issues one of these when these in fact are often our issues.

While this report aims to focus on suggestions and recommendations, it is only fair to point out that many who had sought help had negative experiences. One 19 year-old female reported that “myself and lots of other people have found it extremely disheartening that there are so so many campaigns telling people to reach out and seek help if you are struggling only to find when you do there is no support actually available to you”.

Theme 6 – Public awareness and education

A lot of respondents talked about a lack of awareness around teenage mental health suggesting that it “needs to be discussed more” or said “It isn’t openly talked about”. Others were positive about the public conversations about mental health, e.g. “I think we are making progress in shining a light on these issues.”

The importance of an awareness around mental health was reflected in the following two responses:

“It is important for teenagers to realise that no matter how many people seem like they don’t care, there always a few people who would do almost anything for you.”

“It’s important to hear that everyone has problems and you’re not weird if you have anxiety, depression or other mental health issues – you aren’t a freak.”
Views expressed about mental health awareness had a number of layers, with some respondents suggesting that while there is more awareness, the impact has not been positive:

“it’s talked about a lot but nothing has actually changed”.

“The more awareness that there is about depression and suicide seems to lead to more of these problems.”

“It is good that levels of awareness have risen and stigma has reduced however I fear that people may now confuse normal changes in mood with a mental illness.”

Commentary about mental health awareness resonates with other themes reported here, e.g. on the “white noise”. One respondent made reference to mental health campaigns suggesting that “it’s a big issue but it’s being trivialised by too many campaigns which are doing more harm than good”. Another suggested that “the things people are trying to do to get us informed about mental health aren’t working. We know bits and pieces about depression or someone might know what the letters in OCD mean but if you said ADHD was a mental disorder someone would just go “what’s that?” “

The challenge around mental health awareness was captured nicely by a 19 year-old male who pointed out that “mental health is complex and messy and deserves more measured and compassioned attention.”

**Theme 7 – Social media**

There were frequent, strong and polarised views on social media and mental health expressed within survey. The possibility that mental health can be romanticised on social media has already been discussed, but a more prominent view was around the weight of expectation and pressure that social media places on teenagers. This comment from a 19 year-old female was representative of many responses:

“I think there’s too much pressure put on teenagers these days, social media has created a false sense of what is right and what is wrong. I feel like teenagers are forced to alter themselves and reach unrealistic expectations because they’re only seeing good things someone’s posting about their lives on Facebook or Instagram, when if there was an app to post what’s going on in your mind, you’d realise we’re all the same, facing the same struggles and battling the same demons everyday.”

A lot of respondents expressed clear, negative views of social media without going into any detail, examples include: “Social media is ruining people”; and, “social media ruined everything and everyone”.

Some elaborated their negative views and frustration around social media:

“It’s our fucking phones and the internet I would get rid of it tomorrow all this posting pictures and seeing others and where they are especially girls sometimes excludes people and rubs their face in it and my sister is 11 and is on her phone 24/7 face-timing and that’s all she does and when something incredibly small comes up like her bitchy friends bitching she goes crying and all odd with her friends over nothing and the same with them. With no phones if they fell out it would be over something useful. Phones are 80% of the problem”.

The association between body image and difficulties around body image seem to be strongly linked to social media, as put plainly by one respondent who commented “through social media teenagers see images of celebrities and models which causes some to have body image problems.” Another respondent, a 19 year-old female suggested that “Teenagers are so focused on body image and their
With all of these themes, there was a range of different views. So, while the majority of those who mentioned social media were negative, there were other more balanced and positive views. The issue in relation to phone usage and social media is complex. One view is that “just taking people away from their phones isn’t always the answer and isn’t a good idea, just as a note to the parents, my phone is the only thing that’s distracted me from myself in the past”.

Positive comments on social media included:

“I feel like a lot of people think social media is causing a lot of bad impacts on the mental health of a teenager but it also helps a lot of the time for example when I feel low I was my favourite YouTube who is zoella and she really helps me a lot because she has anxiety so no matter what your going through she knows what it is like.”

While the mental health promoting opportunities social media provides were also highlighted – “I feel like social media has become a huge help for people to express their feelings, talk to people and get help. I find it very useful and I have helped other people struggling with different things a few times before. It felt great knowing I had helped even the slightest bit.”

The most positive endorsement of social media and mobile phones and the role they play in a teenager’s life was:

“we hear all these stories about phones and social media being bad for our health but the truth is if I didn’t have a phone I wouldn’t be able to cope with life, it distracts us from a lot of our problems and the fact is that my generation of teens have grown up using smartphones, there’s no going back now. I had no phone for 1 month because it broke and I constantly felt agitated and tired, couldn’t remember stuff because I use mine to keep reminders and it wasn’t pleasant. Social media can make people compare each other to people that act fake and they think they need to be the same as them so that’s the only downfall about it, other than that were just trying to keep up with our friends, while you adults have soaps and magazines we’ve got Facebook and Instagram you know!”

Theme 8 – Suicide

The word ‘suicide’ appeared over 80 times across the responses to Question 13 and many more respondents implied the subject or referenced it in different ways. This a big issue and a big concern for Irish teenagers – “It (mental health) needs to become a priority – we’re losing too many young people to suicide”. Many respondents mentioned suicides in their community in recent weeks or months and none of the respondents reported a positive response from the local community or school which is an issue that should be addressed, notwithstanding the challenge that responding to a sudden death represents for a school. One young person mentioned that there had been two recent suicides in their school “and three months later there still has not been any sort of help or advice or anything made available to students”.

The extent of the problem of suicide was expressed by a few respondents (“suicide rates are absolutely crazy”) while the anxiety around the issue was captured by one 17 year-old who said she was “in constant fear of who will be next”. There was a general feeling that not enough is being done at a local level (e.g. in schools) or by government, “suicide rates are increasing and we need something to be done about it, it’s time for our government and the people around us to help teenagers or anyone going through an issue they can’t solve themselves.”
The wish to help others, in the best way possible, was common – “information on how to help a friend who wants to take their own life should be given” and “we need to put more emphasis on how to deal with someone going through mental health issues rather than how to deal with mental health issues ourselves”.

Suicide prevention is a challenging area but there are some tangible things that can be done. For one thing, ensuring a response in school settings if a student takes their own life is important for students and this was clearly expressed. The exact nature of the response is not the most important thing, but a response that allows time for reflection, the opportunity to ask questions and to collectively acknowledge the loss would seem to be a basic, important strategy.

Also, when a school community experiences loss through death by suicide, students want a formal, supportive response and the opportunity to come together in that time of loss.

One 16 year-old male expressed frustration about some of the language and phrases we are commonly using around mental health when he stated “It’s okay to not be okay”, don’t agree with this at all, if your friend was suicidal you wouldn’t appreciate him being upset and aren’t gonna say to them, oh you’re suicidal? Oh super! This needs to change big time.”

The subject of suicide is a very real concern for Irish teenagers, as it is for all of us.
Conclusion

The aim of this project was to hear the voices of teenagers in Ireland in relation to youth mental health and the issues that affect them. A short exploratory survey was developed by ReachOut Ireland, in partnership with the Irish Examiner, and was hosted online using Survey Monkey software.

Notwithstanding the incentivised participation, the survey subject matter was clearly of direct relevance and interest, attracting over 2,500 teenage participants in just three days.

Summary of findings:

- A self-selected sample of 2,508 teenagers participated in the survey
- 65% of respondents were female, 32% male and 2.6% were transgender / non-binary
- 16% were in early adolescence (13 and 14 year-olds), 53% mid-adolescence (15, 16 and 17 year-olds), and 31% were in late adolescence (18 and 19 year-olds)
- 39% of respondents lived in a rural area
- 34% self-rated their mental health as ‘good’ or ‘very good’
- Males reported better levels of mental health than females (p<0.001)
- Younger adolescents reported better levels of mental health than mid and older adolescents (p<0.001)
- ‘Exams’, ‘school’ and ‘body image’ were the top three causes of stress for the full sample
- There were some notable differences between males and females regarding causes of stress or difficulty; for example 86% of females selected ‘Exams’ compared with 72% of the males, 76% of females selected ‘Friends’ as a source of stress compared with 55% of males and 81% of females selected ‘Body image’ as a source of stress compared with 52% for the males
- Mid-adolescents most frequently selected ‘school’, ‘exams’, ‘family’, ‘friends’, ‘social media’ and ‘body image’ as stressors and these were statistically significant differences (p<.01)
- Late adolescents were more likely to select ‘money’ and ‘college’ than the two younger age groups (p<.01)
- Teenagers would be most likely to search online if seeking mental health information or support, followed closely by turning to a friend
- ‘Friends’, ‘family’ and ‘counsellor’ were the most frequently mentioned previous/actual sources of support
- ‘Music’, ‘exercise/sport’ and ‘talking’ were listed as things that help when young people are feeling stressed
- There were 1,142 responses to the final, open-ended question in the survey and a thematic analysis identified eight key themes arising from these responses:
  1) School life
  2) “Under pressure” (how teenagers are feeling)
  3) The state of “mental health” in Ireland
  4) ‘White noise’ / mental health paradox
  5) Supports, services and help-seeking
  6) Public awareness and education
  7) Social media
  8) Suicide.

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3 ‘p’ values refer to the level of probability of an event (finding) occurring – the lower the ‘p’ value, the more statistically significant (with a value of 0.05 or less typically accepted as statistically significant).
Recommendations

1. E-mental health strategy

Findings from the survey underline the urgent need for a national e-mental health strategy to promote digital literacy and social media skills training. Through social media we are all potential producers of media content and in recognition of the opportunities and responsibilities that go with this, and the stress that social media is causing some young people, this needs to be proactively addressed.

2. Online mental health resources

A national e-mental health strategy can also provide for both the resourcing and regulation of the online mental health sector so that young people can engage with reliable online resources as their preferred first step in the help-seeking process. Online resources can promote positive mental health, increase youth mental health literacy, ensure consistent signposting of supports and facilitate access to face-to-face services.

3. ‘Wellbeing’ in schools

Teenagers felt the opportunity of the school setting should be utilised to help prepare students for life and not just for the Leaving Cert/academic achievement and in this context, the introduction of the ‘Wellbeing’ on the curriculum will be a welcome one. It is recommended that ‘mental health’ is prioritised and resourced in the roll-out of ‘Wellbeing’ in secondary schools.

4. Support and resource teachers

While teachers do not have responsibility to meet youth mental health need, they play a central role in the everyday life of teenagers. Interested teachers should be resourced and supported in learning more about the issue of youth mental health with a view to encouraging such teachers to champion a ‘whole-school’ approach to positive mental health.

5. Responding to suicide

There needs to be a structured, local response in the aftermath of a suicide, e.g. in school settings. Many young respondents mentioned suicides that had happened in their community in recent weeks or months but none of the respondents reported a positive response from their local community or school. Responding sensitively and appropriately to a local suicide is a challenge, however it is one that needs to be addressed.

6. Mental health conversations

A wide range of views about mental health were communicated in the survey and it is clear that we don’t have a shared understanding of the issue. In order to move on from celebrating the fact that we are talking about mental health, emphasis should be placed on how we are talking about mental health. One practical recommendation is to ensure that all media coverage in all formats includes links to quality assured mental health organisations, supports and/or resources.
References


Appendix 1

Survey instrument (as it appeared on Survey Monkey)

What’s wrecking your head?

The Irish Examiner, in partnership with ReachOut.com, wants to know more about teen mental health. Take our five minute survey and be in with a chance of winning a set of Beats by Dr. Dre Solo3 Wireless headphones.

Please be honest. The survey is anonymous meaning it will not be possible to identify anyone or to contact or follow up with anyone.

Once you complete the survey, you will be told how to enter the competition.

If you want to know more about the survey or want details about mental health supports available, please click here.

It’s your mental health - your voice is important to us.

1. Please indicate that you have read the information above and are happy to take part in the survey *
   □ Yes
   □ No

2. If you are under 18 years-old, please ask your parent or guardian to indicate that they have read the survey information above and are happy for you to take part in the survey. *
   □ Yes
   □ No
   □ I am aged 18 years-old or older

3. What age are you? * __________

4. What’s your gender? *
   □ Male
   □ Female
   □ Transgender
   □ Other (please specify): _______________________________________

* A red asterisk denotes a required question
5. Where do you live? *
☐ Rural area
☐ Urban area
☐ Dublin
☐ City other than Dublin

6. Overall, how would you rate your own mental health at the moment? *(By ‘mental health’, we mean your emotional wellbeing and general mood)*
☐ Very good
☐ Good
☐ Average
☐ Poor
☐ Very poor
☐ I don’t know

7. Have any of the following ever caused you stress or difficulty? *(Tick as many as you like)*

```
School
Family
Friends
Social media
Relationships e.g. boyfriend, girlfriend
Money
Bullying
Body image
Sexuality
College
Local or world news
Exams
Other (please specify)
```

8. What kind of things help you if you are feeling stressed?

```
9. Below are some statements about feelings and thoughts. Please tick the box that best describes your experience of each over the last 2 weeks*

<table>
<thead>
<tr>
<th>Statement</th>
<th>None of the time</th>
<th>Rarely the time</th>
<th>Some of the time</th>
<th>Often the time</th>
<th>All of the time</th>
</tr>
</thead>
<tbody>
<tr>
<td>I’ve been feeling optimistic about the future</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I’ve been feeling useful</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I’ve been feeling relaxed</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I’ve been dealing with problems well</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I’ve been thinking clearly</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I’ve been feeling close to other people</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I’ve been able to make up my own mind about things</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Source: SWEMWBS

10. Which of the following would you turn to for mental health information or support:

<table>
<thead>
<tr>
<th>Source</th>
<th>Likely</th>
<th>Not sure</th>
<th>Unlikely</th>
</tr>
</thead>
<tbody>
<tr>
<td>Friends</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Family</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mental health website/app</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Online search</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Teacher</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>School counsellor</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Telephone helpline</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>GP</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Psychologist</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Counsellor</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HSE Mental Health Service</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

11. Please list any supports that you have actually used before

12. How would you rate your understanding of: *

<table>
<thead>
<tr>
<th>Topic</th>
<th>Very good</th>
<th>Good</th>
<th>Average</th>
<th>Poor</th>
<th>Very poor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Who to talk to if you’re going through a tough time?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Where to find information on getting through a tough time</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>How to help a friend who’s going through a tough time?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

13. And finally, is there anything else you would like to say about the mental health of teenagers in Ireland today?
Appendix 2

Additional analyses

Figure 2.1: Location (females)

![Pie chart showing location distribution for females.]

- Rural area: 33.6% (551)
- Urban area (meaning a town of 1,530+ people): 39.9% (654)
- Dublin: 16.7% (274)
- City other than Dublin: 9.8% (160)

n = 1,639

Figure 2.2: Location (males)

![Pie chart showing location distribution for males.]

- Rural area: 35.8% (288)
- Urban area (meaning a town of 1,530+ people): 36.9% (297)
- Dublin: 18.7% (150)
- City other than Dublin: 8.6% (69)

n = 804
Figure 2.3: Location (early adolescence)

- Rural area
- Urban area (meaning a town of 1,500+ people)
- Dublin
- City other than Dublin

n = 399

Figure 2.4: Location (mid adolescence)

- Rural area
- Urban area (meaning a town of 1,500+ people)
- Dublin
- City other than Dublin

n = 1,325

Figure 2.5: Location (late adolescence)

- Rural area
- Urban area (meaning a town of 1,500+ people)
- Dublin
- City other than Dublin

n = 784
### Figure 2.6: Mental wellbeing statements (females)

<table>
<thead>
<tr>
<th></th>
<th>None of the time</th>
<th>Rarely</th>
<th>Some of the time</th>
<th>Often</th>
<th>All of the time</th>
</tr>
</thead>
<tbody>
<tr>
<td>I’ve been dealing with problems well</td>
<td>10% 154</td>
<td>25%</td>
<td>48%</td>
<td>22%</td>
<td>3% 47</td>
</tr>
<tr>
<td>I’ve been feeling useful</td>
<td>10% 151</td>
<td>25%</td>
<td>41%</td>
<td>19%</td>
<td>2% 33</td>
</tr>
<tr>
<td>I’ve been feeling relaxed</td>
<td>9% 138</td>
<td>34%</td>
<td>38%</td>
<td>17%</td>
<td>2% 29</td>
</tr>
<tr>
<td>I’ve been feeling close to other people</td>
<td>9% 135</td>
<td>18%</td>
<td>32%</td>
<td>31%</td>
<td>10% 146</td>
</tr>
<tr>
<td>I’ve been thinking clearly</td>
<td>8% 126</td>
<td>28%</td>
<td>38%</td>
<td>22%</td>
<td>4% 55</td>
</tr>
<tr>
<td>I’ve been feeling optimistic about the future</td>
<td>6% 36</td>
<td>21%</td>
<td>43%</td>
<td>25%</td>
<td>6% 75</td>
</tr>
<tr>
<td>I’ve been able to make up my own mind about things</td>
<td>4% 62</td>
<td>17%</td>
<td>31%</td>
<td>34%</td>
<td>14% 211</td>
</tr>
</tbody>
</table>

### Figure 2.7: Mental wellbeing statements (male)

<table>
<thead>
<tr>
<th></th>
<th>None of the time (1)</th>
<th>Rarely (2)</th>
<th>Some of the time (3)</th>
<th>Often (4)</th>
<th>All of the time (5)</th>
</tr>
</thead>
<tbody>
<tr>
<td>I’ve been feeling close to other people</td>
<td>5% 38</td>
<td>17% 124</td>
<td>29% 267</td>
<td>35% 249</td>
<td>13% 54</td>
</tr>
<tr>
<td>I’ve been dealing with problems well</td>
<td>5% 34</td>
<td>15% 137</td>
<td>38% 269</td>
<td>30% 214</td>
<td>8% 58</td>
</tr>
<tr>
<td>I’ve been thinking clearly</td>
<td>4% 31</td>
<td>10% 134</td>
<td>38% 270</td>
<td>30% 215</td>
<td>9% 62</td>
</tr>
<tr>
<td>I’ve been feeling useful</td>
<td>4% 25</td>
<td>24% 174</td>
<td>38% 271</td>
<td>28% 205</td>
<td>5% 37</td>
</tr>
<tr>
<td>I’ve been feeling relaxed</td>
<td>4% 25</td>
<td>21% 152</td>
<td>39% 260</td>
<td>29% 208</td>
<td>7% 47</td>
</tr>
<tr>
<td>I’ve been feeling optimistic about the future</td>
<td>3% 21</td>
<td>16% 115</td>
<td>38% 267</td>
<td>34% 242</td>
<td>9% 87</td>
</tr>
<tr>
<td>I’ve been able to make up my own mind about things</td>
<td>2% 19</td>
<td>10% 73</td>
<td>21% 149</td>
<td>38% 272</td>
<td>28% 202</td>
</tr>
</tbody>
</table>
### Figure 2.8: Mental wellbeing statements (early adolescence)

<table>
<thead>
<tr>
<th>Statement</th>
<th>None of the time</th>
<th>Rarely</th>
<th>Some of the time</th>
<th>Often</th>
<th>All of the time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Feeling useful</td>
<td>9% (34)</td>
<td>25% (99)</td>
<td>36% (125)</td>
<td>26% (93)</td>
<td>6% (18)</td>
</tr>
<tr>
<td>Feeling close to other people</td>
<td>0% (3)</td>
<td>18% (65)</td>
<td>21% (77)</td>
<td>35% (128)</td>
<td>18% (66)</td>
</tr>
<tr>
<td>Thinking clearly</td>
<td>8% (20)</td>
<td>21% (50)</td>
<td>34% (123)</td>
<td>26% (54)</td>
<td>11% (41)</td>
</tr>
<tr>
<td>Dealing with problems well</td>
<td>7% (19)</td>
<td>19% (50)</td>
<td>30% (141)</td>
<td>26% (54)</td>
<td>0% (1)</td>
</tr>
<tr>
<td>Feeling relaxed</td>
<td>0% (2)</td>
<td>22% (81)</td>
<td>40% (146)</td>
<td>27% (98)</td>
<td>5% (17)</td>
</tr>
<tr>
<td>Able to make up my own mind about things</td>
<td>4% (15)</td>
<td>12% (44)</td>
<td>23% (84)</td>
<td>33% (119)</td>
<td>26% (90)</td>
</tr>
<tr>
<td>Feeling optimistic about the future</td>
<td>4% (13)</td>
<td>20% (71)</td>
<td>38% (139)</td>
<td>31% (112)</td>
<td>8% (26)</td>
</tr>
</tbody>
</table>

### Figure 2.9: Mental wellbeing statements (mid adolescence)

<table>
<thead>
<tr>
<th>Statement</th>
<th>None of the time (1)</th>
<th>Rarely (2)</th>
<th>Some of the time (3)</th>
<th>Often (4)</th>
<th>All of the time (5)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dealing with problems well</td>
<td>0% (100)</td>
<td>23% (263)</td>
<td>38% (494)</td>
<td>26% (313)</td>
<td>4% (52)</td>
</tr>
<tr>
<td>Feeling close to other people</td>
<td>8% (90)</td>
<td>19% (227)</td>
<td>32% (387)</td>
<td>32% (390)</td>
<td>10% (117)</td>
</tr>
<tr>
<td>Thinking clearly</td>
<td>7% (91)</td>
<td>27% (334)</td>
<td>36% (445)</td>
<td>24% (295)</td>
<td>5% (55)</td>
</tr>
<tr>
<td>Feeling useful</td>
<td>7% (88)</td>
<td>26% (319)</td>
<td>41% (506)</td>
<td>22% (265)</td>
<td>3% (42)</td>
</tr>
<tr>
<td>Feeling relaxed</td>
<td>6% (76)</td>
<td>32% (394)</td>
<td>37% (451)</td>
<td>21% (253)</td>
<td>4% (46)</td>
</tr>
<tr>
<td>Feeling optimistic about the future</td>
<td>5% (58)</td>
<td>18% (219)</td>
<td>41% (503)</td>
<td>29% (354)</td>
<td>7% (86)</td>
</tr>
<tr>
<td>Able to make up my own mind about things</td>
<td>4% (44)</td>
<td>14% (176)</td>
<td>28% (343)</td>
<td>36% (445)</td>
<td>18% (218)</td>
</tr>
</tbody>
</table>
Figure 2.10: Mental wellbeing statements (late adolescence)

<table>
<thead>
<tr>
<th>Statement</th>
<th>None of the time (1)</th>
<th>Rarely (2)</th>
<th>Some of the time (3)</th>
<th>Often (4)</th>
<th>All of the time (5)</th>
</tr>
</thead>
<tbody>
<tr>
<td>I've been feeling relaxed</td>
<td>10% 74</td>
<td>36% 216</td>
<td>49% 287</td>
<td>17% 122</td>
<td>2% 16</td>
</tr>
<tr>
<td>I've been dealing with problems well</td>
<td>10% 71</td>
<td>25% 179</td>
<td>42% 297</td>
<td>29% 144</td>
<td>3% 24</td>
</tr>
<tr>
<td>I've been feeling useful</td>
<td>10% 88</td>
<td>31% 219</td>
<td>39% 270</td>
<td>19% 137</td>
<td>2% 13</td>
</tr>
<tr>
<td>I've been thinking clearly</td>
<td>7% 50</td>
<td>24% 173</td>
<td>41% 298</td>
<td>24% 171</td>
<td>3% 25</td>
</tr>
<tr>
<td>I've been facing close to other people</td>
<td>7% 40</td>
<td>19% 135</td>
<td>35% 253</td>
<td>20% 218</td>
<td>6% 60</td>
</tr>
<tr>
<td>I've been feeling optimistic about the future</td>
<td>6% 44</td>
<td>23% 161</td>
<td>43% 310</td>
<td>24% 169</td>
<td>4% 31</td>
</tr>
<tr>
<td>I've been able to make up my own mind about things</td>
<td>4% 30</td>
<td>16% 127</td>
<td>30% 213</td>
<td>33% 235</td>
<td>15% 105</td>
</tr>
</tbody>
</table>

n = 1,564

Figure 2.11: Causes of stress (female)

- Exams: 86%
- School: 84%
- Body image: 81%
- Friends: 76%
- Family: 68%
- Money: 51%
- Relationships e.g. boyfriends: 50%
- Social media: 48%
- College: 32%
- Bullying: 30%
- Local or world news: 28%
- Sexuality: 17%
- Other (please specify): 8%

n = 1,564
Figure 2.12: Causes of stress (male)

- Exams: 72%
- School: 71%
- Friends: 55%
- Body image: 52%
- Family: 51%
- Relationships e.g., boyfriend: 46%
- Money: 30%
- Social media: 34%
- Bullying: 28%
- Local or world news: 11%
- Sexuality: 16%
- College: 16%
- Other (please specify): 9%

n = 740

Figure 2.13: Causes of stress (early adolescence)

- School: 80%
- Exams: 75%
- Friends: 64%
- Body image: 61%
- Family: 52%
- Social media: 42%
- Relationships e.g., boyfriend: 36%
- Money: 30%
- Bullying: 29%
- Local or world news: 23%
- Sexuality: 17%
- Other (please specify): 10%
- College: 4%

n = 370
Figure 2.14: Causes of stress (mid adolescence)

- School: 85%
- Exams: 87%
- Body image: 74%
- Friends: 73%
- Family: 85%
- Relationships e.g. boyfriend...: 48%
- Money: 45%
- Social media: 44%
- Bullying: 28%
- Local or world news: 26%
- College: 18%
- Sexuality: 18%
- Other (please specify): 7%

n = 1,257

Figure 2.15: Causes of stress (late adolescence)

- Exams: 82%
- Body image: 72%
- School: 71%
- Friends: 66%
- Family: 64%
- Money: 59%
- Relationships e.g. boyfriend...: 55%
- College: 53%
- Social media: 42%
- Bullying: 32%
- Local or world news: 28%
- Sexuality: 19%
- Other (please specify): 10%

n = 736
Figure 2.16: Sources of information and support (early adolescence)

n = 356

Figure 2.17: Sources of information and support (mid adolescence)

n = 1,210

Figure 2.18: Sources of information and support (late adolescence)

n = 707
Figure 2.19: Understanding of getting information or support (early adolescence)

Figure 2.20: Understanding of getting information or support (mid adolescence)

Figure 2.21: Understanding of getting information or support (late adolescence)