

Original Research

A study of Irish secondary school student's views on mental health supports in school

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Abstract

Objectives: An increasing number of young people are experiencing mental health difficulties and schools have been identified as environments that can support them. However, it is unclear how students feel about the current supports in school and whether they are used. The aim of this study is to explore the perceptions of young people in Irish post-primary schools regarding mental health and well-being supports in schools.

Methods: An online survey was conducted with (n=109) young people to determine the perceptions of mental health and well-being supports in post-primary Irish schools. Using a convenience sampling method, an online survey was distributed via gatekeepers in local youth and sporting groups. Data collection was completed using the Barriers to Seeking Help-brief version (BASH-B) and additional tailored questions.

Results: Qualities like being 'trustworthy' and 'a good listener' were reported as key for adults to be considered a good support in schools. Current mental health and well-being supports were not considered adequate with 65.1% of the participants feeling 'somewhat supported' and 22.9% feeling 'not at all supported'.

Conclusions: Better advertising of mental health support services should be implemented in schools to promote awareness. This study can inform the development of such services which are urgently needed.

Keywords: Schools; mental health; barriers to help-seeking

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Introduction

The World Health Organisation (2020) reports that worldwide, 10–20% of young people experience mental disorders. In Ireland, an increasing number of young people report of experiencing mental health difficulties (O'Reilly et al. 2016; Doyle et al. 2017; Dooley et al. 2019). The My World Survey 2 (MWS2) reports that 40% of Irish adolescents experience levels of depression outside the normal range, while 6% of adolescents reported that they had made a suicide attempt (Dooley et al. 2019).

Schools have been identified as a key location to provide mental health support to young people (Lynch et al. 2006; Grealley et al. 2009; Onnela et al. 2014; Doyle et al. 2017). O'Mara and Lind (2013) reported that good mental health promotion in schools was more effective than mental illness prevention. In Ireland, there are several different school programmes available for mental health awareness and well-being (O'Reilly et al. 2016). Services like MindOut, Jigsaw, ReachOut and Schools Go Orange are available in some schools but not in all. It has not yet been evaluated if young people are aware of these supports for mental health and well-being or if they are being used.

It is important to provide definitions of mental health and well-being in the context of this study. There have been significant

efforts in recent years to address student well-being, which can be viewed as a way to target positive feelings about oneself and reflect a capacity to deal with the pressures and challenges of student life and learning (Galante et al. 2018; Roulston, et al. 2018). Mental health issues or distress on the other hand, applies to the student who is experiencing specific issues that are having a negative impact and who do not feel they have the capacity to address these experiences (Barkham et al. 2019).

The aim of this study was to explore young people's perceptions of mental health supports in a post-primary school in Ireland. To achieve this aim, an online survey was used to ascertain post-primary school students' current use of mental health supports. This included studying the level of knowledge available on supports, important qualities to be a good support and barriers experienced in accessing help.

Method

Sample

The target population for this study were Irish secondary school students aged between 16 and 18 years. The sample was drawn from one county in Ireland, which is predominantly rural with some large towns. Information gathered from the Central Statistics Office (CSO 2016), stated that there were 13,503 young people in the county who attended 30 schools. These were the target population for this study, but it was not possible to survey all of them. It was, therefore, decided that English-speaking adolescents

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ranging from sixteen to eighteen years old, attending Irish post-primary schools would be the target population. Sixteen to eighteen-year-olds are students who are in the senior cycle of post-primary, having already spent three years attending the school. Therefore, it was considered that this group would be best placed to answer the questions in the survey.

Recruitment

This survey explored the supports that schools provided or that were available in schools, so it was decided that accessing young people through schools was not optimum. An alternative method of recruitment was therefore chosen, using sporting and youth groups for survey distribution. After a comprehensive search, the sporting and youth groups in the county were identified to facilitate circulation of the survey. An email contact for each group was sourced and an email was sent with study information, that included a participant information leaflet, declaration of consent and online link to the survey which was conducted on ©SurveyMonkey. Gatekeepers were asked to circulate the information to young people [aged 16-18 years] in their group via their usual communication methods and social media presence. Since young people are increasingly dependent on personal technologies such as mobile phones to manage both their learning and their lives (Traxler 2010), the use of an anonymous online survey, sent via links on social media, was considered appropriate for data collection.

Data collection

To meet the research aim, a questionnaire was developed that included a brief version of Barriers to Adolescent Seeking Help (BASH-B) (Kuhl et al. 1997) for data collection. The BASH-B is an 11-item shortened version of the full scale (37 items). This 11-item version was included specifically to ask about barriers to seeking psychological help (Wilson et al. 2005). Each of the 11 items was rated on a 5-point scale (1 = 'strongly disagree' to 5 = 'strongly agree') so that greater scores indicate higher barriers to professional psychological help-seeking.

For this study, the BASH-B shortened version with items included that were relevant to young people was utilised. Taking the age of participants into consideration, the survey needed to be appropriate and easy to answer (Dillman et al. 2014). A Likert scale was used for participants to rate their level of agreement with the statements provided. The questionnaire also included yes-or-no questions and some questions were designed to have a list of answers and space to elaborate if the participant desired to give more information.

The self-designed items in the survey consisted of 3- and 5-point Likert scales ranging from 1 (extremely supported) to 3 (not at all supported) and 1 (extremely helpful) to 5 (extremely unhelpful). These scales were used for participants to rate their level of agreement with the statements provided such as.

- Do you feel supported in your school with regards to mental health?
- As part of Social, Personal and Health Education do you think there is enough about mental health in the curriculum?
- Can you rate the helpfulness of this support?

A full list of these additional survey questions can be located in Appendix I.

Validity and reliability

The BASH-B has previously demonstrated good validity and reliability with Wilson et al. (2005) reporting a Cronbach's alpha coefficient of 0.83, while McAndrew and Meena (2018) reported a Cronbach's alpha of 0.81. This study had a Cronbach's alpha of 0.78, which suggests acceptable internal consistency. For the self-designed elements of the survey, face and content validity was determined using an expert panel that included a teacher with a master's degree, a medical registrar in psychiatry and a senior psychologist working in child and adolescent mental health. The expert panel reviewed the scope of the questions, ensuring they were clear and relevant for the age group sampled. The content was determined to be adolescent friendly, with clear language and age-appropriate terms.

Data analysis

Data was analysed using Statistical Package for the Social Sciences, Version 24.0 (SPSS) for statistical analyses. Percentages and statistics were reviewed including the mean, range, and standard deviations of age, gender, and type of school (mixed, all-girls or all-boys school).

Findings

The survey link was distributed to identified groups and left open for a period of six weeks. During that time a total of $n = 109$ secondary school students aged 16–18 completed this study. The participants consisted of both males (25.7%) and females (74.3%). All-girls schools accounted for over half of the participants with 58.7%, all-boys schools for 10%, and mixed schools 31.1%.

Level of knowledge on available mental health supports

Findings showed that most students were unaware of any mental health interventions available to them in school. 86.9% of those who attended a girls-only school said they were not aware of any of the listed interventions while 81.8% who attended a boys only school and 67.6% who attended a mixed-gender school reported they were not aware of interventions.

Perceptions of support

Participants were asked, 'Do you feel supported in your school with regards to mental health?' This was rated in a 3-point Likert Scale (1 = Extremely supported, 2 = Somewhat supported and 3 = Not at all supported). Thirteen participants (11.9%) reported being extremely supported. Within this, participants were from either mixed or girls' school with no participants from a boy only schools identified. 65.1% reported being somewhat supported ($n = 71$). All-girls schools rated highest in this with 40 participants coming from this type of school. The participants that reported feeling 'not at all supported' accounted for 22.9% ($n = 25$). Again, there were differences between the schools with 3 coming from mixed schools, 5 from all-boys schools and 17 from all-girls schools (See Table 1). Mann-Whitney U tests were run to see if there were any significant differences between the type of school attended with results presented in Table 1. There were significant differences found between boys and mixed schools in feeling 'not at all supported' $z = [-2.73]$, $p = [.006]$ and similarly for girls and mixed schools $z = [-2.06]$, $p = [.039]$.

Table 1. Number who felt supported in school with regards to mental health

	Overall results (n = 109)	All-boys school (n = 13)	All-girls school (n = 66)	Mixed school (n = 30)	p value [Girls vs Boys]	p value [boys vs mixed]	p value [girls vs mixed]
Extremely supported	13 (11.9%)	0 (0%)	9 (13.6%)	4 (13.3%)	0.293	0.139	0.237
Somewhat supported	71 (65.1%)	8 (61.5%)	40 (60.6%)	23 (76.7%)	0.519	0.242	0.410
Not at all supported	25 (22.9%)	5 (38.5%)	17 (25.8%)	3 (10%)	0.207	0.006	0.039

Mental health supports in school

Participants were asked to choose the statement that best applied to their school in relation to mental health supports. A 3-point Likert scale was used 1 = No programmes or supports available, 2 = Loads of interventions and supports and 3 = If any, name some of these supports. 71 participants (67.6%) reports there were no programmes or supports available in their school. 21 (20%) participants reported loads of interventions with another 12, (12.4%) participants identifying some supports available (see Table 2 below).

A list of potential supports was supplied, and participants were asked to list any available in their schools. 79.2% of participants reported an absence of the supports listed in the survey in their schools, such as MindOut Program, Youth Aware of Mental Health, Health Promoting School Team, Child and Adolescent Mental Health Service, National Educational Psychology Service and Applied Suicide Intervention Skills Training. Therefore, it is not surprising that the vast majority (84.7%) of participants responded that they had not used any supports in schools.

Who used supports?

Participants were asked if they had ever used any support service in their school for their mental health. 83 (84.7%) participants replied that they had not used any support, (n = 23) were males and (n = 60) were females, 47 of whom attended all-girls schools. 15 (15.3%) participants, 4 male and 11 females reported they did use a support while 11 participants did not answer the question.

Importance of relationships

Participants were asked to select from a list of people who was available to discuss any mental health issues in school. Over half of the participants selected a teacher as an adult they could go to, to discuss mental health issues within the school setting and a chaplain was the least selected adult. The results are as presented below commencing with the highest percentages for adults that were listed. To determine if there was a difference, a cross-tabulation analysis was conducted. The results of this analysis, for each of the qualities, are presented in Table 3. There was no significant difference in scores for males and females apart from the Year Head, whom females were more likely to approach and the Chaplain whom males were more likely to approach.

What is important in support?

One of the objectives of the study was to examine what qualities young people find supportive. Findings were broken down in terms of gender. To determine if there was a difference, the researcher initially conducted a crosstabulation analysis. The results of this analysis, for each of the qualities, are presented in Table 4.

Table 2. Student reports of mental health supports in school

Statement that best describes your school's mental health supports	Students (n)	%
No programs or supports available	71	67.6%
Loads of interventions available	21	20%
Able to name supports available	12	12.4%

Table 3. School staff that participants felt they could approach for support

	Overall %	Females	Males	chi square	p value
Teacher	73 (66.7%)	51 (46.9%)	22 (19.8%)	0.062	1.000
Guidance Counsellor	50 (45.8%)	34 (31.3%)	16 (14.6%)	0.342	0.654
Year Head	39 (35.4%)	34 (31.3%)	5 (4.2%)	7.456	0.009
Principal	13 (12.5%)	11 (10.4%)	2 (2.1%)	0.993	0.499
Mental Health Professional	11 (10.4%)	7 (6.3%)	4 (4.2%)	0.673	0.468
Psychologist	9 (8.3%)	7 (6.3%)	2 (2.1%)	0.063	1.000
Chaplain	7 (6.3%)	1 (1.0%)	6 (5.2%)	9.240	0.007

Table 4. List of qualities that young people find supportive

Qualities	Male [n = 28]	Female [n = 81]	Chi square	p value
Trustworthy	25 (89.3%)	76 (93.8%)	0.631	0.336
Good listener	3 (10.7%)	5 (6.2%)	0.974	0.368
Relatable	17 (60.7%)	39 (48.2%)	1.315	0.280
Young and Cool	1 (3.6%)	8 (9.9%)	1.092	0.442
Someone who sticks to the rules	0 (0%)	1 (1.2%)	0.349	1.00
Someone who is sound*	14 (50%)	35 (43.2%)	0.388	0.660
Will not tell anyone	8 (28.6%)	45 (55.6%)	6.065	0.016

*Sound is Irish slang adjective that can describe a person as good, genuine, or cool.

Both males and females agreed that being trustworthy was the most important quality in a supportive adult. A good listener was also considered important. Two qualities seemed to divide opinion between males and females; 48.2% of females felt it was important that the person was *relatable* while the corresponding figure for males was 60.7%. On the other hand, 55.6% of females believed that

Table 5. Mean and standard deviation for BASH-B

Mean and standard deviation for BASH-B [n = 77]		
BASH-B	Mean	Standard deviation
If I had a problem, I would solve it myself	3.84	0.779
I think I should work out my own problems	3.57	0.938
Even if I wanted to, I wouldn't have time to see a therapist	2.83	1.152
If I had a problem and told a therapist, he would not keep it secret	2.40	1.184
A therapist might make me do or say something that I don't want to	2.57	1.093
I would never want my friends or family to know that I was seeing a therapist	3.16	1.215
Adults really can't understand the problems young people have	3.36	1.123
Even if I had a problem, I'd be too embarrassed to talk to a therapist about it	2.96	1.057
No matter what I do, it will not change the problems I have	2.45	1.130
If I went to a therapist, I might find out I was crazy	2.12	1.063
I could not afford to see a therapist even if I wanted to	2.94	1.331

being assured that the person would not share information with others was an important quality while this was only deemed important for 28.6% of males. To test if this difference was statistically significant, a Fisher Exact test was conducted. The difference between male and female responses are insignificant except for the quality 'will not tell anyone', meaning a much higher proportion of females look for this quality in a support person.

Barriers to help seeking

In keeping with the objectives of this study, a section was dedicated to a brief version of the Barriers to Adolescent Seeking Help (Kuhl et al. 1997) (BASH-B) on the questionnaire. This was to help identify barriers for students seeking help. Each item was rated on a 5-point Likert scale (1 = 'strongly disagree' to 5 = 'strongly agree'). 77 participants answered the 11 questions. Table 5 below shows the mean and standard deviation for each statement in the scale. Higher scores nearer to five, indicate perceived greater barriers to seeking psychological help. The three highest scores were for 'If I had a problem, I would solve it myself' (Item 1) 'I think I should work out my own problems' (Item 2) and 'Adults can't really understand problems that young people have' (Item 7).

Discussion

The study participants were predominantly unenthusiastic towards the current supports in schools with 65.1% of the participants feeling 'somewhat supported' and 22.9% felt 'not at all supported', while 67.6% of participants report no mental health or supports in their school. Participants from Doyle et al. (2017) also identified a lack of mental health awareness programmes for students particularly in the senior cycle of schools and Seamark and Gabriel (2016) report that a lack of awareness of supports is a barrier to help-seeking for young adults.

Other barriers to accessing support reported in this study are concerns regarding confidentiality, a lack of trust in the person providing the support and stigma and concerns about treatment when it is reported. Trust is a recurring theme that has been widely documented in the literature. Gulliver et al. (2010) report in their systematic review examining barriers to help-seeking in young people, that ten studies had acknowledged stigma associated with mental illness as a barrier for help-seeking and six studies had identified issues related to confidentiality and trust as key topics in barriers to help-seeking. From an Irish perspectives Doyle et al. (2017) report similar findings with participants reporting the need to 'normalise' help-seeking for mental health in a school setting. Concerns about confidentiality is also recognised as a significant barrier to help-seeking behaviours for adolescents, from mental health professionals (Clement et al. 2015; Del Mauro and Williams 2013).

McMahon et al. (2017) referenced the 'Well-being in post-primary schools' guidelines and reported that there is still a need for evidence-based programme which have been rigorously evaluated and need to be made available in all schools. These government guidelines recommended the implementation of a 'Whole School Approach' in all schools. A 'Whole School Approach' has been well documented in the literature as preferred research-based strategy for mental health interventions in schools (O'Reilly et al. 2018; Fitzpatrick et al. 2013; Weare and Nind 2011). The whole school approach should include teachers, counsellors, principals, students, and family members in changing the school ethos towards positive mental health and well-being programmes, that focus on prevention, education, skills, and the school curriculum (Weare and Nind 2011).

From this study, there are indications that these government strategies have not been implemented in the schools that participants attended. Whilst the 'Whole School Approach' aims to provide one unified approach to well-being and mental health support in schools, it is important to also recognise that mental health and well-being are not the same thing. A universal approach therefore can miss or undermine the complexities and the unique features of a school and its pupils.

Appropriate funding and resources need to be available to implement such programmes for schools in Ireland. It is not clear from the literature if any of these have been implemented to date or if implemented, what impact they are having on the mental health and well-being of students. Therefore, further research into mental health and well-being programmes in an Irish school setting is recommended.

The main source of support reported in a school setting were teachers (66.7%) with guidance counsellors as the second most reported source. However, additional data identified a need for professional support in schools. This links with the previous research of Chambers and Murphy (2011), Doyle et al. (2017) and Dennehy et al. (2020) who also reported that young people would feel more comfortable discussing personal or sensitive issues with someone other than a teacher. Doyle et al. (2017) investigated young people (aged 15-17) views of their help-seeking behaviours in Irish secondary schools and reported that 83% would not seek support from a teacher. The main concerns young people in all these studies identify include confidentiality and the dual role that some teachers have as guidance counsellors within schools. Further research is needed to investigate the significance of this dual relationship.

Results from BASH-B in this study are consistent with the self-reliance theme from Kuhl et al. (1997). Lubman et al. (2017) used a

4-point Likert scale for BASH-B, but similarities can be found with a low percentage of participants (3.8%) from this study and (7.7%) in Lubman et al. (2017) disagreeing with the statement 'If I had a problem, I would solve it myself. These low percentages are consistent with the literature as self-reliance is a common barrier to help-seeking as documented by Sheppard et al. (2018) Calloway et al. (2012) Gulliver et al. (2010), Rickwood et al. (2005) Wilson et al. (2005) and Kuhl et al. (1997).

In an editorial, Nakhid-Chatoor (2020) suggested that few studies have been carried out to determine what teenagers need and want from adults in the school setting. The importance of relationships and connectedness has been discussed previously in the literature review with 'One Good Adult' reported by Dooley and Fitzpatrick (2012) and Dooley et al. (2019) as being someone that could be supportive for them. Trustworthiness was reported in this study as the most important quality in a supportive adult, followed by being 'a good listener'. This is comparable to a Spanish study by Camara et al. (2014) who describe adolescents appreciating trust the most in any relationship.

There was little difference in six of the qualities between males and females, but the qualities 'won't tell anyone' was significant with a higher proportion of females looking for confidentiality in a support person. This finding is of some interest, as there was only one other study had had evaluated this correlation (Clement et al., 2015) where females had more concerns about disclosure concerns/confidentiality at 36% and males was only 11%. Additional investigation may be needed into the differences of males and females in this area.

Limitations

This exploratory study has some limitations as it draws on a small number of participants and provides a snapshot of the views of young people in secondary schools in one county in Ireland. Whilst there were time restraints to meet the deadline for a MSc thesis in this study, further research should aim for a larger national sample. The sample was one of convenience and there was an underrepresentation of males who completed the survey. It must also be noted that the sample was drawn from youth and sporting groups, and it could be argued that young people not engaged in these extra-curricular activities may have a quite different perspective on mental health supports. Therefore, findings are limited in their generalisability. However, as this was an anonymous online survey distributed via social media, there is little that could be done to reverse this. Finally, the supports that some students have found to be useful may not have been included in the listed examples used in this study. Qualitative research may yield further important data on specific or individual experiences of support outside of these formal structures.

Conclusion

The aim of the research was exploratory, seeking to discover commonalities and differences in participants reports of mental health support perceptions and experiences. Valuable insights into the views of young people in secondary schools have been gained and the findings provided an important reminder that young people report that they do not feel supported in schools despite efforts by policy makers, government officials and departments to pave the way in developing well-being programmes and mental health supports in schools. Teachers are considered the most supportive in the school environment. The barriers to help-seeking for girls are concerns regarding 'confidentiality and trust'; they do

not want their information shared as they have concerns disclosing issues regarding the stigma associated with mental health and well-being. Better advertising of available mental health support services needs to be implemented in schools to promote student awareness. This is particularly the case for boys who in this study felt unsupported and less likely to go to an adult for support.

Supplementary material. The supplementary material for this article can be found at <https://doi.org/10.1017/ipm.2023.34>.

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Competing interests. None.

Ethical standards statement. Ethical approval for the study was granted from the Faculty of Health Sciences Ethics Committee, Trinity College, University of Dublin. There were concerns that using schools to recruit participants would mean asking for parental consent. It would have also meant that surveys would have to be distributed during school asking questions regarding mental health supports in school. Therefore, participants would have to be comfortable discussing mental health with school and parents would have been included in the study. Therefore, it was decided to collect data online and a parental waiver was granted by the ethics committee to collect anonymous data from those under 18 online without parental consent.

The authors assert that all procedures contributing to this work comply with the ethical standards of the relevant national and institutional committee on human experimentation with the Helsinki Declaration of 1975, as revised in 2008.

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