CORA Cork Open Research Archive
Cartlann Taighde Oscailte Chorcaí

Title	An analysis of Youth Work Ireland, Cork's 'Mind Your Head' programme
Authors	Koyce, Colin
Publication date	2020-10-02
Original Citation	Koyce, C. (2020) An analysis of Youth Work Ireland, Cork's 'Mind Your Head' programme. Cork: Community-Academic Research Links, University College Cork.
Type of publication	Report
Link to publisher's version	https://www.ucc.ie/en/scishop/rr/
Rights	©2020, Colin Koyce.
Download date	2026-11-07 02:48:22
Item downloaded from	https://hdl.handle.net/10468/11039

UCC
University College Cork, Ireland
Coláiste na hOllscoile Corcaigh

An Analysis of Youth Work Ireland, Cork's 'Mind Your Head' programme

Colin Koyce

CARL Research Project

in collaboration with

Youth Work Ireland, Cork

Name of student(s):	Colin Koyce
Name of civil society organisation/community group:	Youth Work Ireland, Cork
Name of community group liaison person:	Joseph Curtin
Academic supervisor(s):	Patrick Leahy
Name and year of course:	MSocSc Youth Arts and Sports Education
Date completed:	2nd of October 2020

What is Community-Academic Research Links?

Community Academic Research Links (CARL) is a community engagement initiative provided by University College Cork to support the research needs of community and voluntary groups/ Civil Society Organisations (CSOs). These groups can be grass roots groups, single issue temporary groups, but also structured community organisations. Research for the CSO is carried out free of financial cost by student researchers.

CARL seeks to:

- provide civil society with knowledge and skills through research and education;
- provide their services on an affordable basis;
- promote and support public access to and influence on science and technology;
- create equitable and supportive partnerships with civil society organisations;
- enhance understanding among policymakers and education and research institutions of the research and education needs of civil society, and
- enhance the transferrable skills and knowledge of students, community representatives and researchers (www.livingknowledge.org).

What is a CSO?

We define CSOs as groups who are non-governmental, non-profit, not representing commercial interests, and/or pursuing a common purpose in the public interest. These groups include: trade unions, NGOs, professional associations, charities, grass-roots organisations, organisations that involve citizens in local and municipal life, churches and religious committees, and so on.

Why is this report on the UCC website?

The research agreement between the CSO, student and CARL/University states that the results of the study must be made public through the publication of the final research report on the CARL (UCC) website. CARL is committed to open access, and the free and public dissemination of research results.

How do I reference this report?

Author (year) *Dissertation/Project Title*, [online], Community-Academic Research Links/University College Cork, Ireland, Available from: http://www.ucc.ie/en/scishop/completed/ [Accessed on: date].

How can I find out more about the Community-Academic Research Links and the Living Knowledge Network?

The UCC CARL website has further information on the background and operation of Community-Academic Research Links at University College Cork, Ireland. http://carl.ucc.ie. You can follow CARL on Twitter at @UCC_CARL. All of our research reports are accessible free online here: http://www.ucc.ie/en/scishop/rr/.

CARL is part of an international network of Science Shops called the Living Knowledge Network. You can read more about this vibrant community and its activities on this website: http://www.scienceshops.org and on Twitter @ScienceShops. CARL is also a contributor to Campus Engage, which is the Irish Universities Association engagement initiative to promote community-based research, community-based learning and volunteering amongst Higher Education students and staff.

Are you a member of a community project and have an idea for a research project?

We would love to hear from you! Read the background information here http://www.ucc.ie/en/scishop/ap/c&vo/ and contact us by email at carl@ucc.ie.

Disclaimer

Notwithstanding the contributions by the University and its staff, the University gives no warranty as to the accuracy of the project report or the suitability of any material contained in it for either general or specific purposes. It will be for the Client Group, or users, to ensure that any outcome from the project meets safety and other requirements. The Client Group agrees not to hold the University responsible in respect of any use of the project results. Notwithstanding this disclaimer, it is a matter of record that many student projects have been completed to a very high standard and to the satisfaction of the Client Group.

This thesis was completed in collaboration with Youth Work Ireland, Cork, Cork Kerry Community Healthcare, the Health Action Zone, and the Health Service Executive.







ACKNOWLEDGEMENTS

I would firstly like to thank my supervisor Patrick Leahy for his continued support and guidance throughout the development of this thesis.

I would also like to Youth Work Ireland, Cork for allowing me to analyse and evaluate their 'Mind Your Head' programme, as mental health and mental health promotion is a topic of interest close to my heart.

I would like to thank my Community Group Liaison person, Joseph Curtin, and Elaine McKoy for always being approachable, helpful and understanding throughout the process of writing this thesis.

Finally, I would like to thank the Community Academic Research Link, project as a whole, as without this initiative this thesis would have never come to fruition.

TABLE OF CONTENTS

Chapter One – Introduction……7

Chapter Two – Methodology…….16

Chapter Three – Literature Review……42

Chapter Four – Findings & Analysis…….55

Chapter Five – Conclusion……76

Bibliography……..81

Appendices ……90

CHAPTER ONE – INTRODUCTION

This is a thesis surrounding Youth Work Ireland, Cork and the HSE Health Action Zone's young people's mental health programme 'Mind Your Head'. The purpose of this thesis is to analyse the effectiveness of the programme in its intention to educate young people around mental health and highlight ways to develop positive mental health skills and coping mechanisms. The researcher chose to do this research project as they believe young people's mental health to be of the utmost importance in the ever-evolving society in which we find ourselves in. The development of worthwhile mental health programmes are key in creating a future society where in which there is a lack of stigmatisation around those who suffer from mental health issues and a more open minded and understanding environment for young people to grow up. There is no shame in mental ill-health. Mental health issues do not discriminate.

In this introductory chapter the author will provide a background of what the 'Mind Your Head' programme is and its intended purpose, as well as a rationale behind this research study. This will then be followed by the research statement 'An analysis of the effectiveness of Youth Work Ireland, Cork, and HSE Health Action Zone, 'Mind Your Head' programme, in collaboration with University College Cork, Community Academic Research Links (CARL)'. After the research statement, the aims and objectives of this research project will follow. This chapter will then conclude with the ethics statement and the limitations faced by the researcher, mainly due to the interference of COVID-19 in their data collection.

Chapter Two of this thesis will fall under the heading, 'Methodology'. Within this chapter the data collection methods used by the researcher will be discussed. The researchers mixed methodology approach of both primary and secondary data collection methods will be highlighted, and how the use of grounded theory approach was used. The overall research theory in which these data collection methods will be talked about also. This will be followed

by the theoretical perspectives the methodology was based off. Here the influence of theorists Erik Erikson, and Max Weber will be examined. After that a deeper insight in the profiles of 'Mind Your Head', Gurranabraher (the area in which the research took place), Youth Work Ireland, Cork, Health Action Zone, the school involved in the study, and CARL will be further discussed. This will then be followed by the timescale of the project, and the dates of the field visits and interviews conducted by the researcher.

The next chapter, Chapter Three, the Literature Review, will give an in-depth investigation into the literature surrounding mental health and mental health programmes around the world, mainly focused on the Global North[1]. This chapter will be split into sub-headings each discussing the relevant literature around each heading. The first heading is 'Mental Health', here the researcher gives an overview of what mental health means. This is then followed by the heading 'Young People', wherein which the researcher discusses the context around what a young person is. This is followed by 'Barriers to Mental Health' where relevant literature and reports are analysed to shed light on the common themes relating to people not seeking help, specifically young people. This chapter is then colluded by the final heading 'Societal Structures – School'. Under this heading the researcher highlights the literature surrounding mental health programmes in schools, and the perceived benefits and issues around mental health programmes in school.

Chapter Four, Findings and Analysis, firstly focuses on the researcher's findings of the programme as to why it is effective in its pursuit of educating young people on the topic of mental health. This is followed by the programme's transferability to other sites, where the

[1] The Global North represent the economically developed societies of Europe, North America, Australia, Israel, South Africa, amongst others, the Global South represents the economically backward countries of Africa, India, China, Brazil, Mexico amongst others. While Global North countries are wealthy, technologically advanced, politically stable and aging as their societies tend towards zero population growth the opposite is the case with Global South countries. While Global South countries are agrarian based, dependent economically and politically on the Global North, the Global North has continued to dominate and direct the global south in international trade and politics (Odeh, 2010).

researcher discusses the different contexts in which the programme could work. Recommendations follows next, where the researcher discusses their further recommendations on the running of the programme and future research for the programme. This chapter is then concluded with the section, 'Conclusion of Research'. Here the researcher sheds light upon the research statement and objectives of the study and whether they were reached or not.

This thesis is then concluded with the overall conclusion, where the researcher briefly goes over each chapter, discusses whether the research statement was reached and whether the research aims, and objectives were fulfilled.

BACKGROUND & RATIONALE

Background: The 'Mind Your Head' programme originated in 2007, from a need recognised for youth services in Gurranabraher, (on the north side of Cork city), where issues around mental health and self-harm had been brought up by young people attending the youth centre. This programme was written and compiled by a youth worker and a community health worker. The 'Mind Your Head' programme is a resource for exploring mental health issues with young people. This programme is specifically designed to act as a blueprint to discussing and bringing mental health issues to light with their respective young people. This programme offers a space in which young people can discuss their concerns and opinions surrounding mental health, while highlighting relevant tools and resources to help them cope with negative influences on their mental health.

Rationale: The rationale behind this thesis was that the youth worker Joseph Curtin and community health worker Elaine McKoy, believed that the programme would benefit from being researched by an external party, so that the programme could be analysed to see whether the programme was effective in its efforts in educating young people on mental health services, mental health issues, their mental health literacy, and in highlighting positive coping strategies and mechanisms in developing positive mental health.

In wanting to get the 'Mind Your Head' programme reviewed and analysed they approached University College Cork's Community Academic Research Link's (CARL) project with a research proposal. The CARL project invites non-profit voluntary or community organisations (CSOs) to suggest potential research topics that can be pursued by students on their behalf across a wide range of academic disciplines in UCC. The researcher of this thesis was then approached by the CARL project to conduct a research thesis in collaboration with Youth Work Ireland, Cork and the HSE Health Action Zone, after expressing their interest in

the topic of mental health promotion to their Course Director for their Master of Social Science programme.

AIMS & OBJECTIVES

Research Statement: An analysis of the effectiveness of Youth Work Ireland, Cork, and HSE Health Action Zone, 'Mind Your Head' programme, in collaboration with University College Cork, Community Academic Research Links (CARL).

In analysing the above research statement, the researcher of this research project set the following aims: 1. Develop a Literature Review, 2. Develop a Methodology, 3. Discover if the 'Mind Your Head' programme is fit for purpose.

Aim One:

Develop a Methodology

Objectives:

1. Observe the programme running and its participants.
2. Analyse previous groups evaluation surveys.
3. Interview the facilitators of the programme.

Aim Two:

Develop a Literature Review.

Objectives:

1. Research literature surrounding mental health and Barriers to seeking help.

2. Research literature surrounding Young People and their mental health.

3. Research literature surrounding mental health programmes in schools.

Aim Three:

Discover if this programme fit for purpose

Objectives:

1. Discover if this programme is young person focused.
2. Discover if this programme is inclusive.
3. Discover if the programme is relevant to young people's lives.

ETHICS & LIMITATIONS

Ethics Statement: There were no ethical infringements by the researcher of this study. Before beginning participant observations, the researcher gained Garda Vetting through the University College Cork, completed child protection training through the TUSLA, Children First programme, and gained a letter of approval from the North Monastery Secondary School Principal to attend and observe the 'Mind Your Head' programme. Each of the previous 'Mind Your Head' programme evaluation surveys were filled out anonymously, and the researcher gained the signatures of Joseph Curtin and Elaine McKoy on the interview consent forms before beginning interviews. Both facilitators were fully aware of the recording of the interviews and the usage of their names throughout this thesis.

Limitations: The major limitations for the researcher were the obstacles created by COVID-19.

> COVID-19 is a disease caused by a new strain of coronavirus. 'CO' stands for corona, 'VI' for virus, and 'D' for disease. Formerly, this disease was referred to as '2019 novel coronavirus' or '2019-nCoV.' The COVID-19 virus is a new virus linked to the same family of viruses as Severe Acute Respiratory Syndrome (SARS) and some types of common cold (WHO, 2020).

Due to COVID-19 the researchers participant observation of the programme was ceased three weeks prematurely. Thus, limiting the study gaining a full insight into the running of the programme from beginning to finish. Due to the programme being cut prematurely the researcher was no longer able to hand out an evaluation survey they had intended the young people to fill out on the final day of the programme. This somewhat infringed upon the results of the findings. Due to this unforeseen hurdle, the researcher opted to use evaluation surveys from previous groups. COVID-19 also created a barrier for researcher in terms of interviews. The researcher intended to interview two class teachers who sat in on the 'Mind Your Head' programme, but due to COVID-19 the school closed as per government restrictions in stopping

the spread of the virus. The school was closed the week the researcher and teachers intended to hold the interview.

The following chapter of this piece, ‘Methodology’, will go into great detail on the methodology, data collection methods, profiles, timescale of the project, and the field visits.

CHAPTER TWO – METHODOLOGY

In this chapter, the methodology behind this research will be discussed. The purpose of this chapter is to highlight the systematic, theoretical analysis of the methods applied within this research thesis. It comprises the theoretical analysis of the body of methods and principles associated. This chapter will shed light on the theories that have impacted the study, the methods used to collect data, the backgrounds of the profile influences, the structure and timescale completion of this thesis, and field visit dates for interviews and participant observation, and the scope in which the evaluation surveys of previous 'Mind Your Head' users were interpreted within this study. The structure of this chapter is as follows; the data collection methods will first be discussed. Here the multimethodology approach used in the study will be analysed, along with the primary and secondary data collection methods, shedding light upon the use of interviews, participant observation, evaluation surveys, and discourse analysis. Under this subtopic the use of a grounded theory approached will also be analysed, along with emphasising the importance of the overall research theories on data collection.

The overall research theories behind this study will then be further discussed under the next subheading of this chapter, theoretical perspectives. This segment will go into in depth detail of how theorists Erik Erikson, and Max Weber influenced the lens through which the data was interpreted. The next heading of this chapter will be 'Profiles'. Here the reader will gain a background of the structural influences of the thesis. Here the 'Mind Your Head' programme, along with Youth Work Ireland, Cork, the Health Action Zone, the North Monastery Secondary School, the location in question, Gurranabraher, and the CARL project will be described and summarised. This will then follow a structural outline of how the thesis was completed under the heading 'Timescale of Project'.

DATA COLLECTION METHODS

The data collection methods used in this thesis derived from a multimethodology approach. The essence of multimethodology is to utilize more than one methodology, or part thereof, possibly from different paradigms, within a single intervention (Mingers and Brocklesby, 1997, p.491).

> The benefits to a multimethodology are substantial, as they aid the researcher's data gathering immensely. The main advantages of multimethod work triangulation – seeking to validate data and results by combining a range of data sources, methods, or observers; creativity – discovering fresh or paradoxical factors that stimulate further work; and expansion – widening the scope of the study to take in contextual aspects of the situation (Esteves and Pastor, 2003, p.69).

The methods used were a mixture between primary and secondary data collection methods. The decision to use a multi method approach to data collection was to gain a deeper insight into the how the 'Mind Your Head' programme operated, while seeing its effect upon its young people. The primary data offered an authenticity and a direct personal experience of how the programme ran, while the secondary data further cemented the preconceived thoughts of the researcher that mental health programmes are beneficial to young people. The secondary data allowed the findings of this study to be verified on an academic level and to be further solidified. The use of multiple sources also allowed for a logical and rationale approach to take control of the investigation of such a complex matter, thus allowing for cross referencing of the phenomena involved from different perspectives thereby allowing the researcher of this thesis to form an overall objective view of the subject matter.

Primary Data Collection:

> Primary data are original facts collected for the first time for the fulfilment of the objectives. They are called as internal source of data as the data are collected directly from the respondents/ fields of the study. They are obtained from living persons related to the problem and objectives of the research study. Using primary sources, researchers can precisely collect the information they want. They usually can specify the operational definitions used and can eliminate, or at least monitor and record the extraneous influences on the data as they are gathered (Baral, 2017, pp.90-91).

The primary data collection methods used for this thesis were;

1. Participant Observation
2. Interviews
3. Evaluation Surveys

Participant Observation: This a primary form of data collection in which researchers join people and participate in a group's routine activities for the purpose of observing them within that context. This method lets researchers study a naturally occurring social activity without imposing artificial or intrusive research devices, like fixed questionnaire questions, onto the situation. (Little, 2014).

Observation is one of the primary research instruments, which is both most primitive research data, and the most modern method of study. Observation is a popular method that employs vision as its main means of data collection. It implies the use of eyes rather than of ears and voice. It is the accurate watching of a phenomena as they occur. It is watching the behaviour of other persons as it happens without controlling it (Baral, 2017, p.98). In the instance of the thesis the researcher attending the 'Mind Your Head' programme from its beginning to conclusion along with the facilitator Joe and Elaine. The young people enrolled in the programme were made aware of the researchers' presence within the programme from

the outset. This seemed to have no effect on the young people's participation on the programme. For the duration of the programme the researcher sat in a secluded area of the classroom with their notepad and observed the workshop as it was being done. There was no interference upon the programme from the researcher. This was done purposely to gain an authentic viewership of the running of the programme and participation of the young people involved. This proved to be a highly effective research method used by the researcher.

Interviews: This primary research method is a one-on-one conversation between the researcher and the subject and is a way of conducting surveys on a topic. Interviews are similar to the short answer questions on surveys in that the researcher asks subjects a series of questions. However, participants are free to respond as they wish, without being limited by predetermined choices. In the back-and-forth conversation of an interview, a researcher can ask for clarification, spend more time on a subtopic, or ask additional questions (Little, 2014). The interviews for this thesis were conducted with the key facilitators of this programme Joe Curtin, the youth and community worker for Youth Work Ireland, Cork, and Elaine McKoy, the community health work for the Health Action Zone in Cork city. The interviews for this thesis were that of a semi-structured nature to allow for the thoughts and opinions of the programme facilitators to come to fruition within the data collection of the study. A semi-structured interview is a verbal interchange where one person, the interviewer, attempts to elicit information from another person by asking questions. Although the interviewer prepares a list of predetermined questions, semi structured unfold in a conversation manner offering participants the chance to explore issues they feel are important (Clifford, 2016, p.143). The predetermined topics and questions chosen by the researcher of this thesis were 'how did you get involved in the programme?', 'what was your first experience of the programme like?', 'what are the strengths and weaknesses of the programme?', 'has there been any changes to the programme since its insemination?', 'in what context does the programme work best?', is

mental health a relevant issue in young people's lives?', 'are there any barriers to delivering the programme?' 'is the programme fit for its purpose?'. Of course, since a semi-structured interview approach was adopted by the researcher this allowed the interview to flow freely and allow the interviewee to have more control over the direction they would like to take with their answers. This much like the participant observation, proved to be an extremely powerful tool in primary data collection and aided immensely into the evaluation of this programme.

Evaluation Surveys: Survey research is defined as "the collection of information from a sample of individuals through their responses to questions" (Check and Schutt, 2012, p. 160). This type of research allows for a variety of methods to recruit participants, collect data, and utilize various methods of instrumentation. Survey research can use quantitative research strategies (e.g., using questionnaires with numerically rated items), qualitative research strategies (e.g., using open-ended questions), or both strategies (i.e., mixed methods). As it is often used to describe and explore human behaviour, surveys are therefore frequently used in social and psychological research (Singleton and Straits, 2009). The evaluation surveys analysed by the researcher was of qualitative standings asking questions to gauge the young people's opinions on the programme. For this thesis, the researcher used evaluation surveys from previous 'Mind Your Head' programme users to gain an insight into their thought and opinions of the programme facilitation, and content of the programme. This method of research aided the research findings immensely allowing for more cemented findings from the participant observation by noticing patterns between both the researcher's observations and the evaluation surveys from previous years.

Secondary Data Collection:

> Secondary data is based off information that has already been gathered, usually by other researchers or agencies. These are usually collected for purposes other than or broader than those of assessing the need or needs of the specific target group or groups (Reviere, Berkowitz, Carter and Graves Ferguson, 1996, p.16). Secondary or external source of data are related to that information which are obtained from outside as either public source or someone else, who have already worked or encountered on the subject (Baral, 2017, p.91).

The secondary data collection method used for this thesis was;

1. Discourse Analysis

Discourse Analysis: This method of research is distinctive in its view of the relationships between language and society and its critical approach to methodology, it is an analytical category describing the vast array of meaning making resources available to us (Dijk, 1997). For this thesis the research used literary discourse analysis to further academicize their findings on this programme. For the literary discourse analysis, the researcher has chosen to analysis the works of similar mental health programmes from around the world and their effects within school settings on young people. Research on these literary pieces have mainly looked at existing research articles highlighting the effects of similar mental health programmes. The literary pieces that have mainly been researched stem from similar environments to the Irish context. Research from areas such as the United Kingdom, the United States of America, Canada, and Australia have been analysed. There has also been an analysis of young people's mental health research within the Irish context as well. Although research within Ireland around this topic has been quite limited hence the researcher's decision to further broaden the research scope to the aforementioned nations to gain a deeper insight and understanding of mental health programme effects on young people. This will be further discussed in the next chapter of this thesis entitled 'Literature Review'.

Grounded Theory Approach: This theory is closely related to the overall research theory, which will be discussed in the next paragraph. Grounded theory approach essentially sets out to discover or construct theory from data, systematically obtained and analysed using comparative analysis. While grounded theory is inherently flexible, it is a complex methodology. Thus, novice researchers strive to understand the discourse and the practical application of grounded theory concepts and processes (Chun Tie, Birks and Francis, 2019). In simple terms the more the researcher learns the more their views change on the subject matter. For instance, in participant observation which will be discussed later in this segment, is a form of grounded theory. This can be seen if the researcher had a preconceived idea of the programme before seeing it in person. As the researcher attends the programme over a certain period their views and thoughts change gradually, which in turn changes their perspective overall thus influencing their data collection approaches and findings. Using this approach, along with the data collection methods exercised in this study, allows for a flexible approach to research. The flexible approach applied in this thesis allows for the incorporation of findings into the study as information collected unfolds. Changes can easily be made as the study progresses. This is highly effective in small scale research, such as the research being conducted within this study.

Overall Research Theory: The overall research theory behind the methods used for data collection were guided by Erik Erikson and Max Weber. The basis of the overall research theory was based upon Max Weber's theory of interpretive sociology otherwise known as interpretivism, both of which will be used interchangeably throughout this thesis. Interpretivism stresses the dynamic, constructed and evolving nature of social reality and rejects the positivist notion of knowledge being grounded in the objective and tangible, instead, it seeks to understand social reality through the eyes of those being studied (Devine and Heath, 1999). Therefore, each of these research methods are to be analysed and understood through the realities of the young people, hence using participant observation as a means to understand their reality of mental health and what it is to them. Seeing the young people participate and react to the programme focusing on the aspects of mental health that matter to them highlights the issues of importance within their social reality. As previously mentioned above sociologist Erik Erikson also had an influence on the overall research theory. Erik Erikson stages of the human life cycle have influenced the psychological guidance of this study, mainly focusing on his fifth stage of the human life cycle. This stage is titled 'identity vs. identity confusion'. This stage takes place during adolescence (12yrs-18yrs), which is the stage in which the young people of the 'Mind Your Head' programme is situated, as they are on average 16 years old transition year students. During this stage, adolescents search for a sense of self and personal identity, through an intense exploration of personal values, beliefs, and goals. During this stage young people become more independent from the family unit and start to develop their own sense of identity through peer groups and popular culture. During this time of the human lifespan mental health issues develop most prominently as it is a vulnerable and fragile period of the human life cycle, therefore programmes such as 'Mind Your Head' are imperative to the develop of positive mental health competencies. Therefore, this theoretical perspective of adolescence heavily influences the psychoanalytical guidance of this thesis. Both overall

research theories will be discussed further in this chapter under the heading of ‘Theoretical Perspectives.’

THEORETICAL PERSPECTIVES

Weber: One of the theoretical perspectives that has heavily influenced the way in which research has been conducted for this thesis is that of interpretivism. Interpretivism *or* Interpretive sociology was developed and popularized by Prussian founding figure of the field Max Weber. This theoretical approach and the research methods that go with it is rooted in the German word *verstehen*, which means "to understand," in particular to have a meaningful understanding of something. Weber designed this research theory as he believed that sociology is a science which must address the meaningful character of social actions through understanding, rather than the quantitative techniques used by natural scientists (Weber, 2003). His theory of interpretivism was based off understanding and comprehending the nature and significance of a phenomenon. Weber used the term to refer to the social scientist's attempt to understand both the intention and the context of human action. Interpretivism refers to the approaches which emphasise the meaningful nature of people's character and participation in both social and cultural life. It denotes that the methods of the research which adopt the position that people's knowledge of reality is a social construction by human actors, and so it distinctively rules out the methods of natural science (Chowdhury, 2014). In simple terms interpretivism stresses the dynamic, constructed and evolving nature of social reality and rejects the positivist notion of knowledge being grounded in the objective and tangible, instead, it seeks to understand social reality through the eyes of those being studied (Devine and Heath, 1999).

Interpretivism, by its nature promotes the value of qualitative data in pursuit of knowledge. In essence, this philosophical and research paradigm is concerned with the uniqueness of a particular situation, contributing to the underlying pursuit of contextual depth (Myers, 1997). Interpretivism is guided by qualitative measures, which is a way of gathering research that is not quantifiable or measurable in terms of numbers, unlike quantitative measures, which does exactly that. Qualitative research is a type of social science research that collects and works with non-numerical data and that seeks to interpret meaning from these data that help understand social life through the study of targeted populations or places (Crossman, 2020), whereas Quantitative research emphasize objective measurements and the statistical, mathematical, or numerical analysis of data collected through polls, questionnaires, and surveys, or by manipulating pre-existing statistical data using computational techniques. Quantitative research focuses on gathering numerical data and generalizing it across groups of people or to explain a phenomenon (Babbie, 2010).

Gathering research through interpretivist measures depends heavily upon the researcher and the human subject to act as the instruments in measuring some phenomena. Techniques in which to do this are through observation and interviews, both of which have been used in this thesis. The gatherings from this type of qualitative research methods cannot be quantified as has been mentioned above. This is due to humans operating on a more complicated web of social, behavioural, and cultural variables which are unquantifiable, as each topic is subjective and interpreted differently by each individual giving their own unique perspective. In essence, what this sociological theory means is that reality is constructed through the perceptions of the people being studied. Interpretivism argues that truth and knowledge are subjective, as well as culturally and historically situated, based on people's experiences and their understanding of them (Ryan, 2018, p.8).

Through these qualitative measures used by the researcher, or in this case, *interactionist,* it allows the data collected to show the emotions of and thoughts of the human subjects on the respective topic at hand. This sort of research technique is extremely viable on a micro level study, such as this one. This use of data collection provides the study with rich descriptions of people's experiences and emotions, bringing the data to a more human level which can in most scenarios cannot be reached through quantitative means. Interpretivism rejects the views of an objective social reality and instead leans towards social realities are created through people's own interactions with society through their own perspective. In contrast to the popular assumption of a singular, objective reality, the interpretivists recognize the human. capacity for multiple realities (Schutz, 1971). Instead, Interpretive research is a research paradigm that is based on the assumption that social reality is not singular or objective, but is rather shaped by human experiences and social contexts, and is therefore best studied within its socio-historic context by reconciling the subjective interpretations of its various participants. Because interpretive researchers view social reality as being embedded within and impossible to abstract from their social settings, they "interpret" the reality though being a "sense-making" process rather than a hypothesis testing process (Bhattacherjee, 2012). This has therefore heavily influenced the way in which, primary data was collected for the study, opting for a more qualitative approach, through a semi structured interview with the two youth work practitioners involved in the 'Mind Your Head' programme. This offers an insight into the youth workers subjective reality as to why this programme is important and why it is successful in its exploits in achieving a more mental health literate young people within the targeted community of Gurranabraher. While also deciding upon an observational perspective, through observing the 'Mind Your Head' programme delivery within the school, taking notes of the young people's engagement in the programme topics. Thus highlighting the young

people's emotions and views on mental health from a non-intrusive and organic matter through outside observation.

Using this theoretical perspective helps to shape the movement of this study into qualitative understandings is quite novel in a sense, as within modern westernised society, quantitative measures seems to be the Goliath of research gathering as quantification is so deeply interwoven into the fabric of western society that it seems impractical to suppose otherwise.

Erikson: Another theoretical perspective that has heavily influenced this study is Erik Erikson's fifth stage of the human life cycle; identity vs role confusion. This theoretical perspective is the basis of which this study is to be worked off. Identity vs role confusion is the 5th stage of Erikson's human life cycle, which takes place in one's adolescence, usually between the ages of 12-18yrs. During this stage adolescence explore their own sense of self and develop independence from their family units. This is an extremely imperative cog in the machine in understanding this thesis and the need for a programme such as 'Mind Your Head' in alleviating the stressors in the young people of this programme's lives.

The identity vs role confusion is the fifth of eight stages of human development in Erikson's theory of psychosocial development. In each of Erikson's stages there is a developmental conflict that must be resolved to successfully develop the primary virtue of that stage (Cherry, 2019). The eight developmental stages are; trust vs. mistrust, autonomy vs. shame and doubt, initiative vs. guilt, industry vs. inferiority, identity vs. identity confusion, intimacy vs. isolation, generativity vs. stagnation, and ego integrity vs. despair, which are related to the following ages: early infancy (1–1 ½), toddler (1 ½–3), early childhood (3–6), middle childhood (6–12), adolescence (12–18), young adulthood (19–40), middle adulthood (40–65), and older adulthood (65+) (Sacco, 2013). Each developmental stage is heavily

interwoven with one another and impact each other greatly. As previously mentioned, each stage has conflict to overcome, and if said conflict is not overcome in one stage it can negatively impact the later stages. To further understand how each stage is connected a synopsis of what each stage entails is required.

The first stage is trust vs mistrust. It commences in early infancy, and within this stage trust is developed. The necessary healthy experience for the development of trust is maternal love and care. Initially, the infant "lives through, and loves with bis mouth" (Erikson, 1968). The infant ideally experiences living in a predictable, secure world in which their basic needs are consistently satisfied. The trusting infant bas developed the first requisite for later developing confidence, optimism, and finally, a feeling of security (Muuss, Velder and Porton, 1996, pp.46-47). If mistrust is developed instead by lack of maternal care taking, this can lead to identity confusion further down the line during adolescence, as the development of trust is lacking.

The next stage is autonomy vs doubt, which commences during the period of toddler development. During this stage, children, although still dependent on others in many ways, begin to experience an autonomy of free choice The development of a rudimentary form of the will to be oneself during the autonomy stage later becomes an essential prerequisite for the development of a mature ego-identity during adolescence. The autonomous attributes gained during this period contribute to the formation of an identity during adolescence, leading to the conviction. The dystonic outcome at this stage is shame, self-doubt, dependency, self-consciousness, and a meek compliance resulting from too many restrictions, unfair punishment, and the parents' inability to cape with the budding-and at rimes frustrating-autonomy of their young child (Muuss, Velder and Porton, 1996, pp.48-49).

This stage is then followed by initiative vs guilt. This takes place during early childhood. The child during this stage senses a feeling of power, curiosity, a high level of activity and surplus energy. Early in this stage, the child asks an endless number of "what" questions. These questions are basically learning tools since new words, concepts, and a basic understanding is acquired in this fashion. If the crisis of this stage is mastered successfully, a sense of purpose and initiative emerges that will, later in adolescence, become the basis for curiosity, ambition, and experimentation with different roles, just as the child's play activities often reflect an anticipation of different roles. A dystonic outcome is likely if parents restrain, resist, and punish the newly developing initiative too much. If the child's exploration and initiative encounter severe reprimand and punishment, the result may be a more permanent immobilization by guilt, inhibition by fear, role inhibition, role fixation, and over-dependence on adults. Since these attributes interfere with identity formation during adolescence, a negative outcome at this stage would contribute to the emergence of identity diffusion in adolescence (Muuss, Velder and Porton, 1996, pp.49-50).

The next stage commences during middle childhood, the precursor to adolescence. This stage is called industry vs inferiority. In this stage the child is in primary school. Therefore, this period between school entry and puberty becomes a period of learning and mastering the more basic skills needed in society. Children now acquire much needed fundamental knowledge and even more important, they learn to take pride in their work and acquire an attitude to do well in their work. This period is therefore described as the apprenticeship of life. ln all known cultural groups; children receive instruction during this time although not necessarily the kind of formal schooling provided in Western societies (Muuss, Velder and Porton, 1996, pp.50-51).

This stage leads into the theory of importance for this thesis. The fifth stage of human psychosocial development. Identity versus role confusion, which takes place during adolescence, which is of great importance, as the human subjects in which this thesis is based around are, on average 16 years old. According to Erikson (1968), Identity provides a sense of continuity within the self and in interaction with others ("self-sameness"), as well as a frame to differentiate between self and others ("uniqueness") which allows the individual to function autonomously from others. During this stage of development, adolescence go through a mirage of changes as they grow older, all impacting their psychosocial development. Young people develop capabilities for abstract thinking and understanding the perspectives of others. Young people distance themselves from the securities and comfort of their family, in an effort to grow more independently. Physical changes also occur as they approach puberty. Thus, with developing minds and bodies, young adolescents face the central issue of constructing an identity that will provide a firm basis for adulthood (Kasinath, 2013, p.1). The development of an identity during this period is crucial to the positive development of a young person and their positive transition into young adulthood. The forming of an identity during adolescence is arguably the most important stage of Erikson's psychosocial development.

Yet in the modern era there are several hurdles infringing upon young people's abilities to develop their own sense of identity. Traditionally, well-structured cultures provide some sort of normed rite of passage, including forms of apprenticeship and initiations, to ease this transition. Common to these rites is a benign guidance by the adult community to help young people resolve tensions between identity confusion and a sense of ego identity (Côté, 2018, p.254). This can be seen in the comparison of 20th and 21st century Ireland. Ireland in the 20th century, where the forming of an identity was a much more linear path, in the 21st century Ireland, young people are exposed to many different career paths and ways of life. It was noted that apprenticeship systems that prepared adolescents for one specific line of work were giving

way to more liberal forms of education, thus preparing adolescents for a broad range of occupational pathways. A more liberal educational system, however, eventually required occupational choice in line with one's own interests and capacities (Kroger, 2017), this in turn created more confusion for young people in developing a sense of identity in choosing an occupation. Through the advancement of technology and the growing emphasis on gaining a third level qualification, forming an identity in Irelands current climate is a multifaceted and intricate phenomenon. It also extended the level of time young people traditionally developed their identity as the college environment also provides important resources for developing a sense of identity. Young people are exposed to a range of academic courses, social influences and lifestyle choices (Schwartz et al., 2015).

Due to the current climate in which young people inhibit in the 21st century, there are, as previously mentioned, a mirage of barriers to forming a positive identity, and the ever evolving world young people live in has caused higher chances of developing role confusion. Role confusion is most frequently caused by failure to formulate clear ideas about gender roles and by indecision about occupational choice (Toch, 2003), which is evidently linked to the everchanging modern climate where young people are faced with an infinite supply of career options. Therefore, programmes such as 'Mind Your Head' are needed to help alleviate the development of role confusion and help develop coping mechanisms when faced with such problems. It is even more imperative that programmes such as 'Mind Your Head' are introduced to young people as high levels of distress over identity issues have been associated with increased levels of internalizing and externalizing behaviour problems that may also decrease adolescents' ability to resolve important developmental tasks (Wiley and Berman, 2013, p.1300), which in turn impacts their mental health negatively. While the 'Mind Your Head' programme helps alleviate the stresses of forming and identity, while also giving young people the tools to navigate through the difficulties faced within adolescence, which put a

massive strain upon the mental health of young people. In alleviating the pressures upon young people by equipping them with the necessary tools to tackle the issues they face within the modern climate of the 21st century a formed sense of identity is associated with better adolescent' mental health and psychological well-being. While a positively solved identity vs. role confusion crisis enables a person to integrate self-perception images into a stable personal identity, as well as strengthen performance of different roles and assumed commitments. Achieved identity is associated with a lower expression of psychosomatic and neurotic symptoms and reduced anxiety, depression and suicidal. Achieved identity is also related to psychological well-being, emotional adjustment, and greater emotional stability **(**Ragelienė, 2016).

In using programmes such as 'Mind Your Head' to aid young people develop their identity and steer them away from role confusion, it in turn helps them build lasting tools to help them in the next stages of their psychosocial develop, and help them deal with future identity issues which may arise through their lifetime as although the identity crisis is most pronounced during adolescence, and gives that age its stage name, identity issues remain a lifelong concern. A redefinition of one's ego-identity emerges quite commonly when major role changes occur, such as when college freshmen leave home and have to make their own decisions, often for the first time. Other issues that tend to renew identity concerns are: one's first job, marriage, parenthood, the death of one's parents, divorce, unemployment, serious illness, widowhood, and retirement (Muuss, Velder and Porton, 1996, p.46).

PROFILES

'Mind Your Head' Programme: The 'Mind Your Head' programme is first and foremost, a resource for exploring mental health Issues with Young People. The 'Mind Your Head' programme originated in 2007, due to a need of mental health resources in Gurranabraher, where issues surrounding mental health and self-harm had been brought to local youth workers by the young people living in the vicinity. This programme was written and developed by a youth worker and community health worker in response.

This programme is specifically designed for youth workers, youth leaders, educators and many others working with young people to act as a blueprint to discussing and bringing mental health issues to light with their respective young people. This programme offers a space in which young people can discuss their concerns and opinions surrounding mental health, while highlighting relevant tools and resources to help them cope with negative influences on their mental health.

This programme was designed purposely with a moderately low budget to allow it to be easily accessible to youth work practitioners to follow without the need of major funding.

The contents of this programme have been heavily informed in conjunction with young people from the local area.

Youth Work Ireland, Cork: Youth Work Ireland, Cork started as "The Cork Youth Federation". Cork Youth Federation was a local youth organisation that operated the 'Youthlinks' SPY project in Gurranabraher in 1989. In 1994 the project's name was changed to "The Gurranabraher Youth Development Centre". In 1999 the Cork Youth Federation ceased operations and the National Youth Federation (now Youth Work Ireland) took over the management of the SPY project, Youth Work Ireland, Cork, officially became responsible for

all Youth Work Ireland activities in the Cork city region. Youth Work Ireland, Cork became a full member youth service of Youth Work Ireland in May 2009.

Youth Work Ireland, Cork is a micro non-profit organisation working throughout the Cork City area, while mostly working in North Cork city focusing on the area of Gurranabraher. Youth Work Ireland, Cork provides community-based responses to Cork City's young people's needs by offering a variety of opportunities to contribute and participate in social education, artistic and recreational activities. Youth Work Ireland, Cork offers a variety of activities to engage with the young people of the city and help them develop holistically. Examples of the activities they run are soccer groups, art groups, music lessons, youth cafés, teen gym and many more.

HSE – Health Action Zone: The Health Action Zone is a Health Service Executive project set up to explore barriers to accessing services and to involve local people in the design and implementation of community health initiatives. The Health Action Zone model has been developed in Britain as a method of strategically targeting the delivery of health services in disadvantaged areas. The allocation of Health Action Zone status to an area is used to ensure that the area will be a focus for the strategic development and improvement of health services. The Health Action Zone initiative aims improve the health and lifestyle of a community, through a series of health focussed initiatives that build on existing services and facilities. Thus, the Health Action Zone aims to improve the health and lifestyle of an area through a series of health focussed initiatives. The Health Action Zones in Ireland were established in 2002 by the HSE in response to the City Council programme RAPID (Revitalising Areas through Planning, Investment and Development). There are now five Health Action Zones in Ireland, each with a designated community health worker.

The community health worker is to act as a resource to local communities and other professional community links, like Youth Work Ireland, Cork.

Gurranabraher: Gurranabraher is a residential suburb on the north western side of Cork City. Its bounds range from the North Cathedral to Bakers Road to Blarney Street. Bordering areas include Shandon, Sunday's Well, Shanakiel, Knocknaheeny. and Churchfield. Gurranabraher is located in Cork North-Central Dáil Éireann constituency. Gurranabraher, Cork, is a very disadvantaged area in Ireland, According to the social depravation index of Ireland, for the year of 2016, according to (Pobal.ie, 2020) an average of:

- 41% are lone parents
- 32% have a primary education only
- 7% have a third level education
- 42% of men are unemployed
- 18% of women are unemployed

Thus, highlighting the level of disadvantage experienced in this area. Studies recorded in the North of Ireland by Ulster University concluded that one is almost twice as likely to suffer with mental health issues if they come from a disadvantaged area (27%) in comparison to those living in non-disadvantaged areas (14%). Other journal articles have also produced similar findings, growing up in a poor household increases the risk of exposure to adversities such as scarcity of food, poor nutrition, violence, inadequate education, and living in a neighbourhood characterised by absence of social networks, all of which are risk factors for mental disorder (Irish Times, 2018). Conversely, mental disorder contributes to educational underachievement, loss of employment, and increased health-care costs'. Therefore, one can see as to why Youth Work Ireland, Cork have rolled out the 'Mind Your Head' programme throughout the Gurranabraher area.

North Monastery Secondary School: North Monastery CBS is an all-boys mainstream secondary school founded in 1811. It is located on the northside of Cork City on North Monastery Road. North Monastery secondary school caters for many young men living on the northside of Cork city specifically Gurranabraher. North Monastery secondary school have a longstanding relationship with Youth Work Ireland, Cork and the 'Mind Your Head' programme in particular. North Monastery secondary school was the first school to trial the 'Mind Your Head' programme and the programme was also launched in this school highlighting the strong relationship between the school and the 'Mind Your Head' programme. Therefore, Youth Work Ireland, Cork and the Health Action Zone, with consent from North Monastery Secondary School, decided it appropriate to use the programme delivery in North Monastery secondary school as a case study for the analysis of the 'Mind Your Head' programme.

Community Academic Research Link (CARL) Project: The Community-Academic Research Links initiative, CARL, is located at University College Cork and invites non-profit voluntary or community organisations (CSOs) to suggest potential research topics that can be pursued by students on their behalf across a wide range of academic disciplines in UCC. The CARL initiative is committed to:

- promoting the scientific method and research in the community.
- working in an ethical and scientific way to promote knowledge in society.
- working with community/voluntary groups which would not normally have the resources to pay for or carry out their own scientific research.
- facilitating and empowering those groups with limited resources to carry out research.

- supporting collaborative partnerships and participation in research

The researcher of this thesis was approached by the CARL project to conduct a research thesis in collaboration with Youth Work Ireland, Cork and the HSE Health Action Zone, after expressing their interest in the topic of mental health promotion to their Course Director for their Master of Social Science programme.

TIMESCALE OF PROJECT

December	• Submit Research Proposal.
January	• Approved Research Proposal. • Meet with Youth Work Ireland, Cork, HSE Health Action Zone, and CARL project. • Agree upon Research Question and aims and objectives.
February	• Design research instruments (Both primary & secondary). • Begin gathering of literature • Commence review of literature. • Begin observation of the 'Mind Your Head' programme.
March	• Continue observation of the 'Mind Your Head' programme. • Conduct interviews with Joe and Elaine. • Refine research methods due to restrictions created by COVID-19. • Refine Methodology. • Continue further literary discourse analysis.
April	• Cease observation of the 'Mind Your Head' programme, due to COVID-19 restrictions. • Begin analysis of both primary and secondary analysis.
May - September	• Commence and complete writing of the research thesis.
October	• Submit research thesis for grading.

FIELD VISITS

Participant Observation: This was conducted in North Monastery Secondary School, every Wednesday during school time on the following dates;

- 15th January 2020
- 22nd January 2020
- 29th January 2020
- 5th February 2020
- 12th February 2020
- 26th February 2020
- 4th March 2020
- 11th March 2020

Interviews: Interviews with the programme facilitators Joseph Curtin and Elaine McKoy took place on the following dates;

- Joseph Curtin Interview: 10th March 2020
- Elaine McKoy Interview: 11th March 2020

In conclusion, this chapter has provided the reader with a detailed account of the study's methodological framework. Each segment of this chapter goes into great detail to give the reader of this piece the utmost information possible to comprehend the methodological processes behind the gathering of data, its interpretation for this thesis, and the influencing factors such as the profiles on this research project. The data collection methods segment of this chapter goes to great lengths to explain the primary data and secondary data collection methods from interviews, participant observation, discourse analysis, to previous groups evaluation surveys, while giving information on the grounded theory approach used and the overall research theory arching the understandings of the data collected through these methods. While the theoretical perspectives add onto the overall research theories mentioned in the previous segment, by discussing Erikson and Weber's sociological theories of interpretivism, and identity vs role confusion and how it influences the methodology of this thesis. While the profiles segment of this chapter allowed for the reader to understand the complexities and background information on the programme, the location, the school involved and the youth and community organisations influence on the methodology and how it is to be understood. This chapter gives for an overall understanding of the theoretical analysis of the methods applied within this thesis. The segment of this chapter, entitled timescale of project, gives a concise view of the steps taken by the researcher in developing the research thesis, and their methodology along with it. While the final segment of this chapter gives an insight into the contact days the researcher had observing the programme and dates of interviews that took place as part of their overall research. The next chapter will discuss the influence of literature on shaping the researchers deeper understanding of mental health and mental health programmes on the youth population. This chapter is entitled, 'Literature Review'.

CHAPTER THREE – LITERATURE REVIEW

In this chapter, the literature review that aided in the research of this study will be discussed. This study is based around the evaluation of Youth Work Ireland, Cork's 'Mind Your Head' programme, which is a programme designed to educate young people around the subject of mental health, developing their knowledge and literacy around the subject. Therefore, this literature review is based around mental health and young people. This literature review will give an insight into what mental health is, describe what a young person is, delve into the mental health issues surrounding young people from a variety of different areas across the globe, barriers to seeking help with one's mental health issues, schooling, and finally a conclusion linking all points made throughout this review.

Mental Health: As defined by the World Health Organisation; mental health is 'a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community' (WHO, 2004). While this definition helps one gain a grasp of what mental health is, it is objectively vague and problematic. An understanding of other World Health Organisation definitions is also needed such as their definition of health, to gain a stronger grasp on the concept. Health is 'a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity' (WHO, 2001). It is extremely relevant that mental health was mentioned within the definition of overall health, as both physical and mental health are heavily interlinked. The World Health Organisation understands the need for creating a society where mental health flourishes as it is at the nucleus of human development. Without positive mental health within society, other aspects of people's lives and health begin to crumble around them. The World Health Organisation understands the need for a holistic approach to well-being as mental health problems can have a negative effect on all areas of development. These include the ability to manage thoughts and emotions, the ability to build

social relationships, the aptitude to learn and the subsequent consequences of failure to do so (WHO, 2010).

Within modern society the negative effects of a world without the proper mental health education and promotion parameters can be seen. For example, 'As many as 450 million people suffer from a mental or behavioural disorder. Nearly 1 million people commit suicide every year. Four of the six leading causes of years lived with disability are due to neuropsychiatric disorders (depression, alcohol-use disorders, schizophrenia and bipolar disorder). One in four families has at least one member with a mental disorder' (WHO, 2003, p.4) It is estimated that an average of 150 million people suffers from depression at any given time (WHO, 2003, p.15). The cost of mental health problems in developed countries is estimated to be between 3% and 4% of GNP (WHO, 2003, p.5). In developed countries with well-organized health care systems, between 44% and 70% of patients with mental disorders do not receive treatment (WHO, 2003, p.5). For the United States, Rice and colleagues calculated an aggregate cost of US$ 148 billion (at 1990 prices) for all mental disorders, and Patel and Knapp (1997) estimated the aggregate costs of all mental disorders in the United Kingdom at £32 billion (1996/97 prices) (WHO, 2003, p.15).

Due to such astronomical figures as the ones stated above, movements such as mental health promotion are needed to create and sustain a happy, healthy, and sustainable society. Mental Health Promotion is defined as 'actions to create living conditions and environments that support mental health and allow people to adopt and maintain healthy lifestyles. These include a range of actions to increase the chances of more people experiencing better mental health' (WHO, 2016). Mental Health Promotion initiatives are needed throughout all sectors of society, especially within the youth settings to help alleviate the problems of mental health in later life through earlier intervention. Children and young people are the main cliental group

that should be targeted with mental health promotion if countries want to create a future generation where numbers such as the ones previously mentioned as drastically reduced.

Young People: The term young person is complicated in its own sense, as in different cultures and countries a young person means drastically different things. Yet as a generality a young person is usually between 12-30 years old. In the context of this thesis the adolescent phase to emerging adulthood will be focused on mostly. Due to this stage of youth being so multi-faceted and ever changing depending on time frames, eras and cultures a brief definition is needed to fully comprehend the subject matter in which will be discussed. Adolescence defined by the World Health Organisation is 'the period of life during which an individual makes the transition from childhood to adulthood' (WHO, 2005). In today's context 'adolescence is a prolonged developmental stage that lasts approximately 10 years, nominally described as between the ages of 11 and 22 years. An adolescent progress through stages of biologic development as well as changes in psychological and social functioning' (Gutgesell and Payne, 2004, p.79). It is in this period that a person becomes both physically and psychologically mature and capable of independent living. During adolescence young people begin forming their own identities and develop their own self-worth and image, moving away from the family unit in which they formed most of their identity from during their childhood stage. During this separation in their early teens they strive for to 'find acceptance within peer groups, thus forming new 'family' units' (Gutgesell and Payne, 2004, p.80). It is during this period that risk taking behaviour takes place as they search for their own identities 'Young people may engage in behaviours that risk their health and well-being, including smoking, drug and alcohol use, careless driving, unprotected sexual behaviour, delinquency and suicidal behaviours' (Keren & Hasida, 2007; UNICEF, 2007). Adolescence is such a formative time in a young person's life with many changes moving from a family structure to a peer structure that a lot of stress and anxiety is created, which is why many mental health issues arise during the period of 15-

25 years old. It is also due to such a drastically changing environment in which young people find themselves in compared to other generations. In today's times adulthood in developed countries seems to be moving further away and the stages of youth seem to be extending.

This extension of youth is known as emerging adulthood. In 2000, Jeffery Arnett argued that the concept of 'emerging adulthood' represents a new phase in the human life course with five main features representing unparalleled opportunities to transform life: identity exploration, trying out possibilities in love and work, instability, self-focus, and feeling in between (adolescence and adulthood) (Côté and Bynner, 2008, p.251). Emerging Adulthood is a new segment of growing up in most developed countries where young people are entering marriage and parenthood later; education lasts longer, and many young people in their late adolescence and 20s explore a variety of activities and experiment with different careers in a way that was not possible for their parents (Bates, Illback, Scanlan & Carroll, 2009). The effects of emerging adulthood and longer wait in entering adulthood on young people's mental health has not been extensively researched, yet there are some scholars who have noted that emerging adulthood is a more prolonged and unstable developmental stage with novel aspects, yet with increased risks of mental ill health (McGorry, Bates and Birchwood, 2013 p.30). The world has changed dramatically in recent decades and young people are not only in the vanguard of these changes but are also bearing the burden associated with them (McGorry, Bates and Birchwood, 2013 p.30).

Due to aspects of youth such as adolescence and emerging adulthood, where the young person is developing in a way much different to childhood, and yet doesn't have the stability of traditional adulthood seen in generations before them, such as jobs and housing, being a young person in today's society has made them heavily susceptible to mental health issues. Increasing stress and diminishing levels of parental support are associated with increasing depressive symptoms (Meadows et al., 2006), which are common features of adolescence as

young people seek independence. Youth and mental health issues are heavily linked as mental disorders accounting for a large proportion of the disease burden in young people in all societies. This a paramount time to engage in mental health literacy as the World Health Organisation states that good mental health is a key asset and resource for population health and wellbeing and is critical to positive youth development (WHO, 2013). Most mental disorders begin during youth (12–24 years of age), although they are often first detected later in life (Patel et al., 2007, p.1302). It is estimated that 10–20 % of youth worldwide experience mental health problems (Kieling et al. 2011). While approximately 75% of mental disorders emerge before the age of 25 (Kim-Cohen et al., 2003; Kessler et al., 2005). This alarming statistic shows how vulnerable of a position young people are in and why early intervention at the youth stages are of the utmost importance in developing mental health literacy. Within the Australian context it was reported that the Australian National Mental Health Survey data revealed that young people not only have the highest incidence and prevalence of mental illness across the lifespan, they also manifest the worst service access of any age group, with only 21.8% of Australians between 16 and 24 years of age with a diagnosable mental disorder accessing professional help (McGorry, Bates and Birchwood, 2013 p.30). While in the context of the United Kingdom it reported that cases of mental ill health amongst young people had gotten worse over time as Collishaw et al (2010) examined trends in adolescent emotional problems between 1986 and 2007. The findings revealed that twice as many young people reported frequent feelings of depression or anxiety in 2006 as in 1986. Therefore, highlighting that young people mental health issues are getting progressively worse. Bringing it closer to home, relating it to Ireland there are extremely distressing statistics regarding mental health issues. Data relating to suicide and self-harm (National Office of Suicide Prevention, 2008) indicated that Ireland had risen to the 4th highest (of 26 countries) rate of youth suicide in the European Union and the highest in western Europe (14.4/ 100,000), which contrasted sharply

with its European ranking when all age ranges were considered (21st of 26, 9.2/100,000) (Illback et al., 2010, p.424). Suicide was also reported as the main cause of death between people aged 15-24 years old, with hanging being the most common form of suicide in this age group accounting for 73%. The age ranges 15–19 and 20–24 had the highest rates of suicide in the Irish population (Illback et al., 2010, p.425). Studies of young people throughout Ireland have highlighted the issues surrounding mental, much like the statistics mentioned above. Lynch, Mills, Daly, and Fitzpatrick (2004, 2006) assessed 723 12–15-year olds in eight Dublin schools and found that 19.4% were at-risk for developing a mental health disorder. Within this at-risk group, 12.1% expressed possible suicidal intent and 45.7% expressed suicidal ideation (Illback et al., 2010, p.424). The Lifestyle and Coping Survey (Sullivan, Arensman, Keeley, Corcoran & Perry, 2004) screened almost 4,000 students aged 15-17 for mental health problems in the Cork and Kerry region. Serious personal, emotional, behavioural or mental health problems were experienced by 27% of adolescents who were surveyed. Of these, less than one-fifth (18%) sought help from a professional (Dooley, Fitzgerald and Bates, 2012, p.8). These studies, statistics, and percentages have shed light on the bleak reality of mental health, not only in Ireland, but throughout the world, highlighting the importance of mental health promotion and mental health initiatives on the youth population. Yet before governments and organisations can implement effective strategies to counteract mental ill health, the barriers as to why current strategies aren't working need to be brought to the forefront. The barriers to mental health and barriers to help seeking must be understood.

Barriers to Mental Health: With such alarming statistics and facts around youth mental health and how detrimental it is to society and how it hinders the development of a happy and healthy society, the barriers around young people and people in general seeking help for mental health issues must be examined. To put into perspective the importance of help seeking statistics show that a common consequence of not accessing professional help for a mental illness is suicide. Approximately 90% of adolescents who die by suicide had an unmet mental health need (Brent, Perper, & Moritz, 1993). Therefore, a programme such as 'Mind Your Head', which takes in a secondary school is of the utmost importance in developing new views around mental health within young people.

From a variety of scholars and studies the main hindrance to people seeking help for their mental health issues and concerns seem to fall under, lack of mental health literacy, perceived stigma around mental health issues, lack of trust in the system, peer and family views of mental health, and lack of mental health literacy, and emotional competence. Mental health literacy and emotional competence building are essential in fighting against the barriers of helping seeking amongst the young population, as lack of emotional competence is a barrier to seeking help, as the young person is not able to recognise or explain the way in which they are feeling. Emotional competence is defined as the ability to identify and describe emotions, the ability to understand emotions, and the ability to manage emotions in an effective and non-defensive manner (Mayer, Caruso & Salovey, 1999). Whereas mental health literacy is knowledge around mental health and the organisations and societal structures in which they can approach to help with mental health issues, rather than seeking informal methods of dealing with their mental health. Developing mental health literacy is key to developing positive mental health amongst young people as the National Survey of Mental Health and Wellbeing revealed that only 29% of children and adolescents with a mental health problem had been in contact with a professional service of any type in a 12-month period, and this included health, mental

health and educational services (Sawyer, Arney, Baghurst et al., 2000). Therefore, highlighting the lack of usage of mental health resources for young people.

It is also picked up upon that when young people do have worries around their mental health, they tend to seek out informal help, such as friends, rather than formal help, such as counsellors, mental health practitioners, and General Practitioners. The lack of trust in seeking formal help is alarming, as those in formal fields are generally well equipped to help with mental health issues, and it is noted that informal help seeking can be more than problematic for young people. For example, disturbed young people show a strong leaning toward other disturbed peers (Sarbornie & Kauffman, 1985), and form friendships that often involve conflict, cognitive distortion, and poor social-cognitive problem solving. These findings raise doubts about the benefit of seeking help from untrained individuals.

In a range of studies conducted in Western Australia about a variety of young people's help seeking patterns researched by Rickwood, et al., (2005), some alarming findings were highlighted. The issues surrounding emotional competence were seen as those who were noted as less skilled at managing emotions were less willing to seek help from family and friends for both personal-emotional problems and suicidal ideation and were also less willing to seek help from health professionals for suicidal ideation, compared with those with better emotional competence (Rickwood et al., 2005, p.232). As previously mentioned above, lack of trust in mental health services and practitioners also seemed to be a barrier to help seeking amongst young people in the study. It was revealed that past experiences of seeking help that were negative, particularly when the young person felt they were not helped or that their problems weren't taken seriously. Students' attitudes as well as their beliefs about seeking counselling predicted lower intentions to seek professional psychological help for both suicidal thoughts and personal-emotional problems (Rickwood et al., 2005, p.234) Comments such as, 'I'd be scared they'd give me the wrong answer' and 'I couldn't be bothered, it wouldn't help anyway'

were also common throughout the student body regarding mental health services. Another issue was that the young people didn't like sharing their personal issues with a 'stranger', therefore developing connections with young people beforehand could be beneficial to reducing barrier to help seeking.

In another study conducted by Bowers, et al., (2012) with young people from Canada, stigma was a major hurdle to getting young people to seek help. Stigma stemmed from a variety of areas where in which if the young person's family had negative views of mental health, they were less likely to seek help. As well as their family, young people were also concerned of their peers and teachers' perceptions of mental health (Bowers et al., 2012, p.166) Overall, young people perceived stigma as the number one barrier to young people accessing mental health services (47.8%)…'not knowing where to go for help' as the second most common barrier to accessing school-based mental health services (23.1%)… 'peer pressure' and 'not knowing you have a problem' as the second most common barriers (20%)…Overall, young people reported being 'very concerned' or 'concerned' about students' mental health and substance abuse problems at their school (68%). Therefore, it is imperative that mental health promotion programmes with young people take place. It will, hopefully, develop their mental health literacy, teaching them of local and national agencies to approach with mental health issues, develop their emotional competence allowing them to articulate the issues they are having surrounding their mental health, while also reducing stigma surrounding mental health as they will learn that mental health is universal and affects a wide variety of people. To achieve this mental health promotion programmes, need to take place in areas where a wide range of young people can be reached.

Societal Structures – School: When thinking of ways in which to reach the highest amount of young people in one area schools are common sense. Not only are schools' areas in which have the highest volume of young people in any given area, pairing mental health in an educational setting has many benefits, as it bridges education with life skills such as mental health. Children's development has been understood as influenced by the interacting natural contexts in which children live, work, and play. Therefore, schools represent among the most influential of these contexts by virtue of their long-term influence on children's cognitive and social development (Atkins et al., 2010, p.41). It also makes sense to have mental health services happen within the school environment as it was reported that 70% to 80% of children who receive any mental health services receive them in school (Burns et al., 1995). Having educational based programmes around mental health and incorporating mental health promotion into the school curriculum is important, because it establishes the importance of mental health issues alongside other life-skills programmes such as sex and relationships, diet and nutrition, and physical exercise. It also provides a basic framework for understanding emotional well-being and mental illness. As well as basing it in an educational setting, most young people's behavioural problems are noticed and picked up on most in schools, and arguably where some of their issues occur, therefore mental health professionals based in school settings gain first-hand knowledge of how the disturbing behaviours unfold overtime and interventions occur in the actual settings of disturbances (Vernberg, et al., 2008). Another benefit of having school based mental health programmes is they can address key structural barriers that often prevent children from receiving needed services for mental health problems (Garrison, Roy, & Azar, 1999), such as emotional competence, stigma, and mental health literacy. Attitudes of young people may be more responsive to stigma-change education and, at a time when they are developing views on a range of topics that will impact on future adult behaviour, it is vital that emotional well-being and mental illness is on the school learning

agenda (Department of Health, 2001). Having school based mental health programmes, also offers ways in which to not ostracize young people who believe they are suffering with a mental health issue as classroom or school-wide programs can serve as a naturalistic base from which individualized programs can be developed for children with more intensive needs, avoiding the stigmatization that often arises when individualized programs are implemented in isolation of other program goals (Kratochwill 2007).

Yet, there are issues with having mental health programmes being delivered in a school-based setting. Since schools are a community hub, there can be a lot of pressure put on schools to foot issues surrounding emotional, social, mental wellbeing. Yet, as mentioned by Adelman and Taylor (1999), 'schools are not in the mental health business. Their mandate is to educate. Thus, they tend to see any activity not directly related to instruction as taking resources away from their primary mission' (p. 138). Therefore, there is added pressure onto the already stressful life of the teachers. Along with this, there is added pressure on schools to deliver mental health initiatives as national and international agencies identify schools as a massive component of aiding in mental health promotion. For example, in 2001 the World Health Report stated that schools can, and should, help to prevent suicide and enable children and adolescents to develop 'sound and positive mental health' (WHO, 2001). Teachers, by virtue of their career choice, are not necessarily well resourced to address children's social and emotional well-being, Indeed, it would seem many have received little in their pre-service (or subsequent) teacher education to adequately prepare them for the complexity of issues many face (Graham et al., 2011, p.494), therefore to take unneeded pressure of the lives of the teachers, and to benefit the children more, it is better to have a person trained in mental health promotion, to link in with the school to deliver mental health programmes. It is noted that, imbedding mental health staff within natural settings such as classrooms can improve consultation efforts through the relationships that are formed and improve the implementation

of the programs that are developed through enhanced input from school staff. While at the intensive level, a community mental health provider linked with the school can provide direct services as well as activate additional personnel for students with more chronic needs (Atkins et al. 2006). It is evident that school-based approaches to mental health promotion are imperative to the development of a future society where in which mental health is no longer stigmatised, not understood, and no longer left idle until older ages. School based mental health is a key form of early intervention of mental health issues for the betterment of society, but it is also a very multi-faceted and complicated area, where the right balance is still yet to be found, as there is lacking evidence in certain areas of its effectiveness.

In conclusion, this literature review aids immensely in the study of this mental health programme, highlighting its contextual importance, and why mental health programmes are needed for young people. It is evident from this literature review, that mental health programmes surrounding young people is a highly complex and multifarious issue that links with many different areas of life. From the literature assessed it is evident that adolescence is a life stage where in which young people are going through physical and structural changes, where their body is changing, as is their longing for finding an identity. It is a time where in which many people experiment and try to find their own self-image. It is a time of transition which is stretching much farther than previous generations due to societal changes, creating a period known as emerging adulthood. Now young people in the developed world, for the most part, no longer have linear trajectory to follow, as they are overcome with career, education and vocational options. The period of transition of youth to adulthood has changed, adding to the stresses of adolescence which in turn infringes upon their mental health. In tackling the rising issues of mental health, mental health promotion programmes have been developed, and most of agencies have agreed upon early intervention, with the best location being school, to tackle this issue. This review also touched upon the barriers to people seeking mental health

services, which is a massive issue which is detrimental to the advancement of positive mental health for future generations. Yet the findings highlighted that the mains issues stemmed from stigma around mental health, lack of emotional competence, and mental health literacy, all of which can be rectified through the correct mental health promotion initiatives. Areas such as school-based interventions are seen to be effective in this aspect. Yet there has not been enough evaluations and reports on the effects of what school-based interventions are best practice to voiding the gap of help seeking in youth. This is where the literature lacks, it does not provide concrete evidence of what works in mental health promotion in schooling, whether it is a whole school-based approach, or linear approaches to at risk youth. This is where an evaluation of the effectiveness of the Youth Work Ireland, Cork, 'Mind Your Head' programme will be effective, as it will highlight its successfulness in delivering a mental health programme to young people, and the results will aid in future researching of mental health promotion amongst young people. The findings and analysis discovered by the researcher through their evaluation of this programme are to be discussed in the next chapter entitled 'Findings & Analysis', this chapter will also enclose the researchers recommendations for the study and the studies transferability to other sites.

CHAPTER FOUR - FINDINGS & ANALYSIS

In this chapter, the findings behind this study will be discussed and analysed. The purpose of this chapter is to provide reasoning behind answering this studies overall research question, which is essentially whether or not the 'Mind Your Head' programme is fit for its purpose of educating young people on mental health. This chapter will be laid out as follows, the first segment will be the study's findings and the analysis of these findings. The findings will be centred around two overall themes, which are the inclusivity of the programme, and how the programme is young person centred. These two overarching themes will then stem out to five underlying themes each. This will then be followed by the researcher's opinions on how transferable this programme is to other sites. This will then lead onto the key recommendations for the future of the programme, and on areas in which need to be maintained, added, or improved upon. This will then follow by the conclusion of research. This segment will relate back to the overall research question in the introductory chapter of the thesis, and the objectives laid out in this study. Here the research question will be answered, along with whether the intended objectives were attained.

FINDINGS & ANALYSIS

Through the analysis of the 'Mind Your Head' programme, it is evident that this programme is extraordinarily successful in its efforts to educate young people around the topic of mental health. The findings that complement this statement, that this programme is successful are sub headed as follows

1. Inclusive Programme,
2. Young Person Centred.

These findings were discovered using interviews with the programme facilitators, participant observation, and analysis of the programme contents. The three findings will be discussed and analysed further in the following segment.

1. **Inclusive Programme:** A key factor in this programme's success is due to its inclusive nature within its practice. It achieves this through its (i) Facilitation of different learning styles, (ii) Wide range of topics, (iii) Modes of Participation, (iv) Non-judgemental atmosphere, (v) Ownership.

   (i) Facilitation of different Learning styles: A strength to this programme's delivery is that of its different learning styles. This programme uses auditory, visual, and written methods to deliver its information to young people, which caters to all learning styles. This is seen through its use of moving debate, my good self survey, role play, magazine design, symptoms of stress activity, time chart design and many others. In participant observation these techniques seemed to work well with the young people, as participation was always high and there was a constant atmosphere of positivity throughout the running of this programme, which would lead one to believe the young people were enjoying

the activities. This observation was also supplemented by the chatter and laughter of the young men in their participation of said activities.

(ii) **Wide Range of Subjects:** The programme also covered a wide range of topics that related to mental health, such as, Communication, Conflict and Anger, Self-Image, Drugs and Alcohol, Stress, LGBT+, Social Media, and Consent. In covering so much different topics surrounding mental health, it allows young people to participate to subjects that they relate to, for example, a young person who doesn't struggle with drugs and alcohol, may not relate to the subject matter being delivered on that particular topic, but instead may opt to participate more openly on LGBT+ issues, as they may have more personal connection to said topic. In covering such a variety of topics, it also relates deeply to issues in the lives of the young people in question. The wide range of subjects also allows the young people to be educated upon subject areas they may not have been exposed to previously. This has been further backed up by quotes from previous groups evaluation surveys evaluated by the researcher. Within these evaluation surveys young people have stated that they would recommend the programme as it;

> **'***It teaches you about stuff you mightn't know already, and it's enjoyable and not boring.'*
>
> *'You learn about a lot of new things.'*
>
> *'I learned a lot of new things and we played fun games,'*
>
> *'I learned a lot of new things I didn't know before.'*

(iii) **Modes of Participation:** This is heavily linked with the facilitation of different learning styles, as through this programmes use of pair work, small group work, and whole class group discussions and activities, it allows each person to share their opinion, and have a voice. It allows this to happen as some young people are not comfortable in discussing their opinions during a whole class discussion, but may feel more comfortable talking in a pair with a peer, or in a small group working on a mental health promotion related task that this programme offers.

(iv) **Non-Judgemental Atmosphere:** The programme is based off 'unconditional positive regards' which means the young people participating in the programme will be listened to without any disapproving actions or remarks, the youth worker and community worker involved in this programme are trained to listen attentively and compassionately without interruption. From the observations of this programme it is evident that the facilitators have abided by their training and at all times have appreciated and recognised the young people's opinions on the programme and their thoughts surrounding mental health. This in turn develops a positive atmosphere where the young people involved feel encouraged and confident to give their opinions, therefore creating the presence of non-judgementality and promotion of participation throughout the group of young people.

(v) **Ownership:** Inclusivity is developed through the sense of ownership that the young people are given over the programme. This is developed by the young people's equal treatment throughout the running of the programme. The facilitators purposely created an atmosphere of equality amongst themselves and the young people involved, to rid the notion of authority over the young

people, to in turn develop a more inclusive environment for the running of the programme. This was developed through granting the young people ownership over the programme. This was developed within the first week, through the creation of a group agreement. The group agreement is developed by the young people in conjunction with the facilitators, where in which rules were made such as, “no judgment”, “respect for everyone”, etc. This way of giving the young people ownership over the programme was also noted by the community health worker Elaine, who runs the programme. In reference to her talking about the good aspects of the ‘Mind Your Head’ programme, Elaine stated;

> *“we also do the whole group contract, with the group, which I think is a great opportunity for the young people to actually feel ownership over the group, and to put anything that they might want in the group contract”.*

Allowing the young people to have ownership over the programme allows them to feel included in the decision making that takes place throughout the running of the programme and also allows them to have a sense of pride in the programme, knowing that they contributed to the learning. This in turn causes the young people to become more involved in the programme as they had a hand in creating it.

2. **Young Person Focused:** Another key factor to this programme's success is that of its centrality to the young person's life. The programme is based upon and designed around the young person reality and development. This is achieved by (i) Young people co-facilitation, (ii) Relevant issues to their lives, (iii) Development of life skills, (iv) Community Based, (v) Delivered by Youth Workers.

(i) Young People Co-Facilitation: This programme is successful due to its centrality to the young person's reality and young people's perceptions. Through allowing the young people to co-facilitate workshops plans, it opens the programme to the thoughts and opinions of the young people, which in turn ties into the inclusivity, ownership, and relevancy of the programme to their lives. Allowing the young people to co-facilitate also creates another branch of interest within them as they are now responsible to the learning that is happening, they are a vessel in which information is being distributed. Through observations, the use of co-facilitation was a great way to engage with the young people, and it created a lasting effect on the young people, as it was something they showed great interest in partaking in, which in turn highlights a benefiting factor to why this programme is deemed successful. The young people enjoy co-facilitating. They think it is fun. Fun is core to the ethos of the programme and is a key goal that the youth worker Joe Curtin strives towards. In an interview conducted with Joe, when answering 'is the programme worthwhile?', he responded saying;

> *"if young people number one, have fun, and number two, learn something, whether it is the realisation they've a lot of support in their life or the realisation they've to look for more support, or even, just you know, young people treating each other better, or kinder, or better listeners, if that's the result, I think the programme is worthwhile".*

From observations it is evident that from the responses the young people had throughout the programme, especially around co-facilitation, the young people had fun. This was seen through the copious amounts of laughter that ensued throughout the workshop running's, from the first week to the final week.

(ii) **Relevancy:** Another reason as to why this programme is successful in its goals to educate young people around the topic of mental health, is that it is extremely relevant to the lives of the young people involved. As the programme has been used since its insemination in 2007, it has been updated on numerous occasions, to keep up with the constant evolving landscape of the 21st century. For instance, technology has become a much larger staple amongst the lives of young people in 2020. As well as that, issues with self-image have also become a serious issue inflicting upon young people's mental health, due to the high usage of social media platforms. While other issues can be seen surrounding identity and sexuality. Due to these reasons, the 'Mind Your Head' programme, has added new topics to the programme, such as, self-respect, LGBTQ+, consent and social media. Another reason as to why this programme is relevant, is that the nucleus of its creation was centred upon the young person's reality. Joe stated to the researcher during his interview that;

> *"the programme originally came from the young people. The young people approached the youth workers. From my interpretation the young people thought there was nothing being done on mental health in the area. So, I think they approached Stephen and Diane (original creators) to create something".*

Due to the creation of this programme being built upon the outcry for mental health resources by the young people of Gurranabraher, and its creation alongside the young people's input, this programme was created to relevant to

the lives of the young people. This is further cemented by the community health workers, own observations from her work in this programme over the past year, she noted in her interview that;

> *"it (the programme) works because the young people are interested in the topics and they're relevant to them".*

(iii) **Development of Life Skills:** From analysing the contents of the programme, another key factor to this programmes success in the eyes of the researcher, is that it helps the young people develop life skills, that are relevant to them tackling any issues around mental health that they may face in the future. The programme helps the young people develop tools and coping mechanisms to deal with issues such as stress, communication issues, anger issues and conflict issues. These are all done through its topics surrounding each of the above-named issues. Each topic is delivered through a series of activities which delivers coping mechanisms in a fun interactive way, which through observation worked positively amongst the young people, as once again there was an extremely positive atmosphere, covered with laughter, chatter, and interaction as these activities were being conducted. This is further backed up by the answers written in the evaluation sheets of previous years. One young person stated in their evaluation survey that they would recommend the programme as it;

> ***'****Gives you lots of tips for mental health and how to have positive mental health.'*

While another mentioned it helped develop their social skills and another stated that they;

> *'Learned some stuff that could really help me in the future.'*

Teaching young people coping mechanisms to deal with issues such as stress, causes the 'Mind Your Head' programme to have a lasting effect that stresses far beyond their adolescence into various different life cycles, which shows how effective and positive a programme such as this one is, as it has a possibility of having a lifelong effect on its participants. Developing skills and tools to cope with such issues is imperative in developing a positive mental health amongst people of all ages.

(iv) **Community Based:** A key component that ties into other findings mentioned in this chapter, is that it is a community-based programme and develops community links. This links in with the programme being relevant to the young people's lives as the youth worker and the community health worker, highlight links within the community that can help with mental health issues and help develop positive mental health. This is done through a variety of means. The facilitators link the young people with formal community links such as Pieta House, Childline, the Samaritans, SpunOut, Jigsaw, TeenLine, Reachout, Cork Mental Health Foundation and many others. While it also links with non-formal community links such as Youth Work Ireland, Cork, and more specifically 'The Hut', which is the community centre where in which the local youth worker Joe works. This was highlighted by Joe in his interview, stating that he purposely gives his contact information to the young people, to show that this programme is not a once off visit, where information about mental health is divulged and then the job is done. Joe gives out his information, to highlight to the young people, that this programme and mental health help continues beyond the remits

of the workshop and the school classroom, that is in fact a continuous effort that will help the young people far beyond the completion of the programme.

> *"When the programme is finished, they know who I am, they know where the youth centre (THE HUT) is, they get my work number, they get us on Instagram, facebook…they get involved in the programmes we run". "I am present in the community".*

This method of cementing the programme within the community and reiterating the importance of the Hut has had a clear impact in previous years when looking at their evaluation surveys. When asked where the young people would go if they were worried about their mental health, approaching the Hut was a common occurrence. Some of the answers can be seen below.

> *'Call the Hut and get help.'*
> *'Go to the Hut or tell someone you are close with.'*
> *'Go to the Hut, ring 116 123.'*
> *'Could tell a parent or a friend or contact the Hut.'*
> *'Talk to a friend or ring ChildLine or the Hut.'*

(v) Delivered by Youth Workers: Another finding which seemed to resonate with both Elaine and Joe is that it is delivered by Youth workers rather than teachers. This seemed to aid its delivery, as it seemed as though the young people were more comfortable discussing and sharing their opinions with Joe and Elaine, rather than a class teacher. This may be due to pre-existing relationships with teachers, where some may feel judged for having opinions. Elaine mentioned when speaking upon the topic

> *"if the teachers were delivering the programme and then going into the academics of maths, English, Irish, I don't know if they would build up the same kind of relationship that myself and Joe could".*

Joes opinions on the topic stated that;

> *"I think it's better (youth worker delivered rather than teacher), and from the research I've done, desk research, like the My World Survey, the young people seem to enjoy it more".*

From literature analysis it seems that these opinions are further backed up, as previously mentioned in the literature review, Teachers, by virtue of their career choice, are not necessarily well resourced to address children's social and emotional well-being, Indeed, it would seem many have received little in their pre-service (or subsequent) teacher education to adequately prepare them for the complexity of issues many face (Graham et al., 2011, p.494), therefore to take unneeded pressure of the lives of the teachers, and to benefit the children more, it is better to have a person trained in mental health promotion, to link in with the school to deliver mental health programmes. The delivery of this programme by youth workers seemed to have positive benefits according to previous groups of the programme according to their evaluation surveys also. For example, some of the comments on what they enjoyed about the programme stated that it was a break from school. For instance;

> *'It was different from what we normally do in school'*
>
> *'I enjoyed taking a break from class and just having fun and talking about my mental health.'*
>
> *'I really enjoyed it because it wasn't boring, and it was really interesting to learn about new things about mental health and it didn't feel draining like school.'*

From these quotes it is clear that having an outside facilitator delivering the programme created a positive atmosphere among the young people within the school setting, which may have not be achieved by the programme being delivered by a member of teaching staff. From the researcher's observations of the current group being studied it is evident that the young people enjoyed the

presence of Joe Curtin and Elaine McKoy delivering the programme. It is noted that, imbedding mental health staff within natural settings such as classrooms can improve consultation efforts through the relationships that are formed and improve the implementation of the programs that are developed through enhanced input from school staff. While at the intensive level, a community mental health provider linked with the school can provide direct services as well as activate additional personnel for students with more chronic needs (Atkins et al. 2006).

TRANSFERABAILITY TO OTHER SITES

As is evident from the findings and analysis segment above, this mental health programme is highly flexible and adaptable. Due to this programmes flexibility it is not confined to just the context of which study was conducted. This study was conducted in an all-boys secondary school in North Cork City, yet this programme can be used with both boys and girls, as the subject matter of the programme is relevant to both sides of the biological spectrum. This programme should also not just be confined to secondary schools, and could be ran in youth centres, and community centres throughout Ireland. This programme is highly transferable to many youth contexts throughout Ireland as it was designed since its inception alongside young people, and what they deem important to their mental health. Since this programme touches upon many different areas of young people's lives and the impacts these areas have on their mental health, this programme, or programmes similar can be used by other youth organisations in teaching young people about mental health. As previously mentioned, it can be applied to many different environments throughout Ireland, and arguably the British context, as there is somewhat of a shared culture, especially around second level education young people. This programme would be deemed appropriate in educating the 'average' teenager around mental health, as it deals with topics such as body image, consent, social media, and stress, all things important in the life of a 21st century teenager in Ireland and the United Kingdom. Although it is transferable to the overall Irish and British context, one can see that it would not be entirely effective dealing with marginalised communities such as, refugees or the travelling community, as it was developed with young people from North Cork city coming from working class to lower middle class backgrounds, therefore it had no input from the experiences or realities of those from marginalised or minority communities. For example, this programme could not be applied within the continent of Africa, as it would be based off the culture of Irish teenagers, than a teenager from Liberia, Ivory Coast, Nigeria, where things of importance would vary due

to an array of differences of culture and life. Yet overall, it is evident that this programme is highly transferable throughout the Irish and British context due to its flexibility, adaptability and ethos based upon the experiences of the ‘average’ Irish teenager.

RECOMMENDATIONS

The researcher of this study has recommended that the findings should be used as a basis for further study into the programme. Due to limitations caused by COVID-19 the researcher was unable to acquire the opinions of the young people participating in the programme as the programme was ceased prematurely, therefore not allowing the researcher to use the final week of the ten week programme to hand out surveys gauging the young people's thoughts on the programme content, the facilities offered, and the facilitation of the programme. Therefore, it is recommended that further research is done around the 'Mind Your Head' programme, where the programme gains primary insight from the young people themselves, combined with participant observation over the whole ten week programme. It is recommended that the use of a pre and post evaluation sheets to measure the effect of the programme on the young people's knowledge on mental health, seeing whether it has grown and benefited after partaking in the programme. In continuing research based off the findings of this study, the researcher also recommends running this programme in a youth work or community setting, due to the latest restrictions around youth workers entering schools by the Department of Children and Youth Affairs, and analysing the effects of this programme being ran in a non-school setting. The restrictions by the Department of Children and Youth Affairs, is that there will no longer be Funding youth worker staff to deliver any part of the formal curriculum or the normal work of the school or provide any educational supports supplied through the Tusla Education Support Service. They are also no longer allowed to remove young people from the classroom to attend youth services including young people on reduced timetables (The Department of Children and Youth Affairs, 2019). This directly effects the 'Mind Your Head' programme being delivered in a school setting. In terms of the programme design and delivery, it is recommended that it stays the same, as the programme is highly efficient in its intended purpose of educating young people around the topic of mental health. From the researcher observations and studying of the

programmes content, it is evident that this programme is well fit for its purpose and the way in which this programme is delivered is successful. The researcher recommends that the facilitators continue to evolve and adapt the programme to the ever changing landscape of young people's reality, adding relevant issues in young people's lives such as social media, and adapting other areas to the ever evolving society that we live in. This is a paramount factor to the programme's success.

CONCLUSION OF RESEARCH

In concluding the research, the research question asked at the beginning of this thesis has now been answered. The research statement was to discover if the 'Mind Your Head' programme was effective in educating young people on the topic of mental health. From the findings produced in the first segment of this chapter it is evident that the 'Mind Your Head' programme is indeed effective in educating young people on the topic of mental health. It has done this by answering the aims that the study set out to discover. The first aim was to develop a methodology. This was done using primary and secondary data collection. The researcher used interviews with the facilitators, evaluation surveys from previous groups, and participant observation. The next aim that was attained was the development of a Literature Review. This helped gain a further understanding of the factors that come into play when analysing a mental health programme. Light was shed upon literature around mental health in general, the barriers to help seeking, young people's mental health, and mental health programmes within schools. Achieving both of these aims allowed for the final aim 'Discover if this programme is fit for purpose', to be attained. This aim was attained through the findings seen in this chapter which has been aided by the achievement of developing a relevant methodology, and literature review. The objectives were to see if this programme was 1. Young person centred, 2. Relevant to the lives of the young people, and 3. Inclusive of young people. Once again, it is evident from the findings discussed at the beginning of this chapter that each of these objectives set out by the researcher have been reached.

This programme is successful in its implementation as it meets each of these objectives. This programme is successful due to its ethos being centred around the young person. The programme is youth centred as it embraces the opinions of young people, since its creation, which was done in collaboration with some young people from the Gurranabraher area, who approached their local youth workers mentioning that there was no mental health facilities in

their area. It has continued to be youth centred in its practice. This can be seen as it is heavily based on co-facilitation of exercises with the young person and youth worker, therefore highlighting that their thoughts and opinions are as relevant as the facilitators. The programme strives towards developing important life skills, along with developing their knowledge around mental health. For instance, showing the young people ways to deal with stress, through breathing techniques and other various exercises, it has a week dedicated to anger and conflict resolution, it focuses on developing good communication methods and highlighting examples of poor communication, and it is heavily based around group work and discussion, which further develops their communication skills, team work skills, and collaboration skills. All of the aforementioned skills are highly transferable throughout the human life cycle. Knowing how to communicate properly, collaborate with others, and deal with stress are paramount skills for any person to have regardless of age. The programme is also based within the young people's community, as the programme highlights local mental health clinics and services within their living area, showing that it is focused on the young person.

The programme is also delivered purposefully with inclusivity at the core of its ethos. As previously mentioned, it allows for co-facilitation, therefore including the young people in the delivery of programme. It caters for different learning styles, which is paramount in inclusivity. This approach has incorporated learning styles theory which stems from the belief that learners differ in personality traits, brain function and preferred environment (Coffield, Moseley, Hall and Ecclestone, 2004), leading to varied strengths and weaknesses in receiving, assimilating and retaining information. Another academic on learning styles or techniques, Gardner (2008) suggests seven intelligences possessed in differing degrees by individuals, implying a multitude of ways to introduce a concept to learners. The theory rejects traditional educational focus on logical-mathematical and linguistic skills and suggests that all students are intelligent in different ways, so should be taught through an inclusive curriculum. It does

this through group work, individual discussion, pair work, visual learning, role play, and written exercises. The use of different learning methods is key in educating the young people more deeply around mental health, as it allows for young people with different ways of learning to feel included. It has also been noted by academics that by using a person preferred method of learning will improve motivation to learn and/or provide opportunities to approach learning appropriately (Honey and Mumford, 1992). It is evident that the programmes use of different learning methods is a key factor within its success. The use of group work is also paramount in its success and approach to inclusivity. Group work has many benefits and has been used throughout youth work and the traditional education system for years. Cooperative, small-group learning is widely recognised as a pedagogical practice that promotes learning and socialisation across a range of curriculum areas from primary school through to high school and college. When children work cooperatively together, they learn to give and receive help, share their ideas and listen to other students' perspectives, seek new ways of clarifying differences, resolving problems, and constructing new understandings and knowledge (Gillies, 2003, p.35). Group work during this programme allowed for all the young people to share their voice without doing it individually, which was an especially useful technique for those of whom are less comfortable speaking on their own. The group work allowed for every one's voice to be included in an indirect way. A final thought on the inclusivity of the programme was the facilitators non-judgemental presence throughout their programme delivery. Both the youth worker Joseph Curtin and community health worker Elaine McKoy were clearly well trained in creating an inclusive environment. They provided an inclusive environment for the young people to share their opinions without repercussions through their acceptance of the young peoples lived experience, their genuine listening of what the young people were saying, and their empathy for the young person's opinion. Throughout the observation of the

programme, the researcher never once witnessed a negative remark to a young person's opinion. This was key in creating an open and inclusive learning environment.

Another objective that was reached was that of the programmes relevancy to lives of young people. The programme, as previously mentioned was designed in collaboration with young people, and is based within their community and links them with mental health facilities within their community, yet it also focuses on issues that young people see as relevant in their lives. The programme has been adapted on numerous occasions since its creation, it has evolved with the ever-evolving landscape that young people find themselves in. the programme stays relevant to young people through its evolution and adaptations. For example, it deals with social media, consent, body image, LGTBQ + community, all issues and areas that are relevant in the modern young person's life.

Therefore in conclusion of research, to reiterate once again the 'Mind Your Head' programme is fit for its intended purpose of educating young people on the topic of mental health, and does so quite well, referring to its inclusivity, relevancy and central focus around that of the young person. This programme is a beneficial programme for the young person of Ireland.

In conclusion of this overall chapter, it is evident that this study has provided a detailed account of their findings, along with an in-depth analysis of said findings. The findings and analysis highlight the two main themes of the study that aided in its successfulness as a programme. These were, the programmes centrality to young people, and the inclusivity of the programme. The researcher then went into further detail as to how these overall themes were achieved. The themes were achieved by its relevancy to young people, the variety of subject matter, the non-judgemental atmosphere, development of life skills, co-facilitation with young people, its inclusivity of different learning styles and other themes. It was evident from the

findings and analysis that this programme was greatly beneficial to the young people. The researcher's opinions on its transferability to other sites highlighted the flexibility, adaptability and application to other contexts within both Ireland in the United Kingdom, showing it is a versatile programme in educating young people about mental health and developing their literacy. While it also shed light upon how this programme would benefit other youth organisations in developing their young cohort's mental health literacy. The researchers recommendations showed that the programme was very sound as it stood, and recommended that the findings from this study to be used in a further in depth study around this programme, as the researcher of this study was thwarted in their attempts to gain further primary data due to the implications of COVID-19. This chapter then concluded with the conclusion of research, where in which the research question and the researchers of objectives were answered and attained further cementing the researchers opinion that this programme is fit for its purpose of educating young people on mental health. The following chapter entitled 'Conclusion' will offer a synopsis of the overall thesis and study.

CHAPTER FIVE - CONCLUSION

In thesis it is evident that the research statement ‘An analysis of the effectiveness of Youth Work Ireland, Cork, and HSE Health Action Zone, ‘Mind Your Head’ programme, in collaboration with University College Cork, Community Academic Research Links (CARL)’ has been attained. The analysis of this provided has concluded that the ‘Mind Your Head’ programme is indeed effective in its efforts of educating young people about mental health. This has been achieved by the previous chapters, beginning with the introductory chapter, then the ‘Methodology’, followed by the ‘Literature Review’, followed by the ‘Findings and Analysis’, which highlighted the reasons as to why the programme was in fact effective.

The introductory chapter gave an overview of what was to be discussed within this thesis, it gave a background and rationale to thesis and also went into the studies research statement, seen above, and the three aims the researcher set out to achieve within this research study. This chapter was then concluded with the researcher’s ethics statement and the limitations to their study. The background gives an insight into what the ‘Mind Your Head’ programme and the CARL project is, while the rationale explains the reasoning behind this thesis being done. The facilitators Joseph Curtin and Elaine McKoy wanted the programme to be reviewed and analysed from an external source to see if the programme was truly effective from a neutral point of view. The next segment of this chapter was to reveal the research statement, which has been named above, and the three aims the researcher wished to achieve to measure the effectiveness of the programme. three aims were to develop a methodology, develop a literature review, and discover if the programme was fit for its intended purpose. Each of these aims were achieved and the researcher went into more depth on how these were achieved in the following three chapters, the ‘Methodology’ chapter, the ‘Literature Review’ chapter and the ‘Findings and Analysis’ chapter. This chapter then concluded with the ethics statement and the researcher’s limitations. The ethics statement informed the reader of this

thesis that the researcher did not commit any ethical infringements throughout the research of this study, and the limitations mentioned that the researcher was somewhat limited in their data collection methods due to the impact of COVID-19. COVID-19 caused the programme to cease three weeks pre-maturely. While it also impacted upon the researcher interviewing two class teachers and handing out an evaluation survey to the young people as the school closed due to COVID-19.

The chapter entitled 'Methodology', highlighted the systematic and theoretical analysis of the methods applied within this research study. The chapter first went into the data collection methods used by the researcher. The data collection methods used were of a mixed methodology, as they used both primary and secondary data collection methods. The primary data collection methods were interviews with the facilitators, Joseph and Elaine, analysis of previous programme user's evaluation surveys, and participant observation of the programme being ran in the school. While the secondary data collection method used was of literary discourse analysis. The methodology chapter mentioned that the data collection was based off a grounded theory approach, which in basic terms means to construct a theory from the data gained. The more the researcher learns, the more their views change. The next segment of this chapter was that of the overall research theory, which highlighted the theorists that study was based off. The two theorists in which the study was formed around was Erik Erikson, and their theory of the human life cycle, focusing on the fifth stage of the life cycle, which happens during adolescence, identity formation vs role confusion. The other theorist that impacted upon the study was Max Weber and his theory of interpretivism, which is the constructed and evolving nature of social reality rejecting the positivist notion of knowledge being objective and tangible. In simple terms it is the understanding of social reality through the eyes of the person, in this case the young people. In this chapter the researcher went into further detail on the theorist's theories in the segment entitled 'Theoretical Perspectives'. This was followed by

the profiles of the programme, the area it was designed for, the youth organisation and the Health Action Zone, the school, and the CARL project. This was followed by an overview of the researcher's timescale of the project and the researchers field visits to gain his primary data of interviews and observations. This chapter encapsulated how the aim of discovering a methodology was achieved.

The following chapter was entitled 'Literature Review'. This chapter achieved the researchers next aim of developing a literature review for this study. This chapter was split into several subheading, 'Mental Health', 'Young People', 'Barriers to Mental Health', and 'Societal Structures – School'. Each of these subheadings allows to researcher to reach their objectives set to achieve their aim of developing a Literature Review. The first heading 'Mental Health', gave an in-depth review of what mental health is defined as, as well as giving context to the issues surrounding mental health globally. Statistics highlighted that 450 million people suffer with mental health issues worldwide, while there are 1 million lives lost to suicide each year, and the one in four families have someone suffering with a mental health disorder. The next segment entitled 'Young People' review literature surrounding the issues that young people are facing during their transition from childhood to adulthood. It goes into detail of the factors of stress and anxiety that young people face during this period known as 'emerging adulthood', the effects of finding their own identity, and becoming more independent from their family units, and how each of these factors affect their mental health. This segment also gives an insight into the statistics surrounding youth mental health, mentioning that 10-20% of young people between the ages of 12-24 years old, suffer with mental health issues, while 75% of mental health disorders appear before the age of 25. It sheds light on youth mental health in the Irish context also, mentioning that Ireland has the 4th highest suicide rate in Europe, and the highest in Western Europe, with the highest suicide rates in Europe for the ages spanning from 15-19 years and 20-24 years. The next head entitled 'Barrier to Mental Health', highlights the

reasons as to why young people don't seek formal help around mental health, and the problem with them not looking for help, mentioning that 90% of youth suicides had unmet mental health challenges. This segment highlights the importance of mental health programmes in developing mental health literacy, reducing stigma, and developing their emotional competence, and can help reduce the barriers to seeking help amongst young people. The final segment entitled 'Societal Structures – School'. This segment reviews the literature around mental health programmes in school, and the benefits of using school as the hub for such programmes. It highlights how schools reached the most concentrated amount of young people at given time, and the benefits of pairing mental health with formal education. It sheds light on the fact that schools are where most of young people's behavioural or mental issues are picked up upon the most. Yet it also highlights the need for programmes around mental health to be delivered by a qualified mental health clinician rather than a class teacher. This chapter aids in the researcher gaining a more developed knowledge around mental health and several factors that come into play when analysing a mental health programme for young people.

The next and final chapter, before this the overall conclusion, is the findings and analysis chapter. This chapter begins with the two overall main findings the researcher found. The programmes inclusive nature and its centrality to the young person. Both of which are objectives of the researcher's final aim, to see if the programme is fit for its intended purpose. The researcher goes into more fine detail on the two main findings, by breaking down the two main findings into a further five sub findings for each. For the inclusivity finding, the researcher names the programmes facilitation of different learning styles, its wide range of topics, it different modes of participation, the non-judgemental atmosphere, and the young people's ownership over the programme as the key factors as to how the programmes inclusive nature is achieved. For the finding that the programme is young person centred, the key reasons were due to its young person co-facilitation of activities, relevant issues it covered for young people,

the development of life skills within the programme, it community based approaches, and its delivery by youth workers. Each of these findings were achieved by the researcher attaining their previous aims mentioned. The next heading under this chapter, was the programmes transferability to other sites. Here the researcher concluded that the programme could be used throughout the Irish context and possibly the British context, due to the similarities in cultures. The next segment to follow was the researcher's recommendations for the programme. Due to the programme's successful nature, the researcher recommended that the programme should continue to be updated, as it has in the past, and that further research should be done to gauge the voice of the young person as they are experiencing the programme. The researcher could not do this for this study due to restrictions caused by COVID-19. This chapter concluded with the conclusion of research. This segment stated that the programme was in fact effective in its efforts of educating young people on the topic of mental health, as the programme was inclusive, young person centred, and relevant to the lives of young people. The researchers final aim and objectives were achieved within this chapter.

To conclude, it is evident from reading this thesis and research study that through the analysis of Youth Work Ireland, Cork and HSE Health Action Zone 'Mind Your Head' programme is effective in its efforts to educate young people on the topic of mental health. Each chapter has played an intricate part in concluding this overall finding. This programme is extremely beneficial in developing young people's emotional intelligence and mental health literacy.

BIBLIOGRAPHY

Adelman, H. S., & Taylor, L., 1999. Mental health in schools and system restructuring. *Clinical Psychology Review,* 19, 137-163.

Atkins, M., Frazier, S., Birman, D., Adil, J., Jackson, M., Graczyk, P., et al., 2006. School-based mental health services for children living in high poverty urban communities. *Administration and Policy in Mental Health and Mental Health Services Research,* 33, 146–159.

Atkins, M., Hoagwood, K., Kutash, K. & Seidman, E., 2010. Toward the Integration of Education and Mental Health in Schools. *Administration and Policy in Mental Health and Mental Health Services Research,* 37(1-2), pp.40-47.

Babbie, E., 2010. *The Practice Of Social Research*. 12th ed. Belmont CA: Wadsworth Cengage.

Baral, U., 2017. 'Research Data' in Social Science Methods. *Journal of Political Science,* 17, pp.82-104.

Bates, T., Illback, R., Scanlan, F., & Carroll, L., 2009. *Somewhere to turn to, someone to talk to.* Dublin: Headstrong: The National Centre for Youth Mental Health.

Bhattacherjee, A., 2012. *Social Science Research: Principles, Methods, And Practices*. 3rd ed. Florida: Global Text Project.

Bowers, H., Manion, I., Papadopoulos, D. & Gauvreau, E., 2012. Stigma in school-based mental health: perceptions of young people and service providers. *Child and Adolescent Mental Health,* 18(3), pp.165-170.

Brent, D., Perper, J., & Moritz, G., 1993. Psychiatric risk factors for adolescent suicide: A case-control study. *Journal of the American Academy of Child and Adolescent Psychiatry*, 32,521–529.

Burns, B. J., Costello, E. J., Angold, A., Tweed, D., Stangl, D., Farmer, E. M., & Erkanli, A., 1995. Children's mental health service use across service sectors. *Health Affairs*, 14(3), 147-159.

Chandra, A., & Minkovitz, C.S., 2006. Stigma starts early: Gender differences in teen willingness to use mental health services. *Journal of Adolescent Health*, 38,754

Check, J. and Schutt, R., 2012. *Research Methods In Education*. London: SAGE.

Cherry, K., 2019. *Identity Vs. Role Confusion In Psychosocial Stage 5*. [online] Verywellmind.com. Available at: <https://www.verywellmind.com/identity-versus-confusion-2795735> [Accessed 31 March 2020].

Chowdhury, M., 2014. Interpretivism in Aiding Our Understanding of the Contemporary Social World. *Open Journal of Philosophy*, 04(03), pp.432-438.

Chun Tie, Y., Birks, M. and Francis, K., 2019. Grounded theory research: A design framework for novice researchers. *SAGE Open Medicine*, 7.

Clifford, N., 2016. *Key Methods In Geography*. 3rd ed. London: Sage Publications.

Coffield, F. & Moseley, D.V. & Hall, Elaine & Ecclestone, K., 2004. Should We Be Using Learning Styles? What Research Has to Say to Practice.

Collishaw, S., Maughan, B., Natarajan, L., & Pickles, A., 2010. Trends in adolescent emotional problems in England: a comparison of two national cohorts twenty years apart. *Journal of Child Psychology and Psychiatry*, 51, 885894.

Côté, J. & Bynner, J., 2008. Changes in the transition to adulthood in the UK and Canada: the role of structure and agency in emerging adulthood. *Journal of Youth Studies*, 11(3), pp.251-268.

Côté, J., 2018. The Enduring Usefulness of Erikson's Concept of the Identity Crisis in the 21st Century: An Analysis of Student Mental Health Concerns. *Identity*, 18(4), pp.251-263.

Crossman, A., 2020. *What Is Qualitative Research?*. [online] ThoughtCo. Available at: <https://www.thoughtco.com/qualitative-research-methods-3026555> [Accessed 6 April 2020].

Department of Health., 2001. *Making it happen: A guide to developing mental health promotion*. London: Department of Health.

Devine, F. and Heath, S., 1999. *Sociological Research Methods In Context*. London: Macmillan Education, Limited.

Devine, F. and Heath, S., 1999. *Sociological Research Methods In Context*. London: Macmillan Education, Limited.

Dijk, T., 1997. *Discourse Studies: A Multidisciplinary Introduction*. London: Sage.

Dooley, B., Fitzgerald, A. & Bates, D., 2012. *My World Survey: National Study of Youth Mental Health*. Dublin: Headstrong and UCD School of Psychology.

Erikson, E. H., 1968. *Identity: Youth and crisis*. New York, NY: Norton.

Erikson, E. H., 1982. *The life cycle completed*. New York: Norton.

Esteves, J. and Pastor, J., 2003. Using a Multimethod Approach to Research Enterprise Systems Implementations. 2, pp.69-82.

Fulbrook, M., 1978. Max Weber's 'Interpretive Sociology': A Comparison of Conception and Practice. *The British Journal of Sociology*, 29(1), p.71.

Gardner, H., 2008. *Extraordinary Minds*. New York: Basic Books.

Garrison, E. G., Roy, I. S., & Azar, V., 1999. Responding to the mental health needs of Latino children and families through school-based services. *Clinical Psychology Review*, 19(2), 199–219.

Gillies, R., 2003. Structuring cooperative group work in classrooms. *International Journal of Educational Research*, 39(1-2), pp.35-49.

Graham, A., Phelps, R., Maddison, C. & Fitzgerald, R., 2011. Supporting children's mental health in schools: teacher views. *Teachers and Teaching*, 17(4), pp.479-496.

Gutgesell, M. & Payne, N., 2004. Issues of Adolescent Psychological Development in the 21st Century. *Pediatrics in Review*, 25(3), pp.79-85.

Honey, P. and Mumford, A., 1992. *The Manual Of Learning Styles*. 3rd ed. Maidenhead, United Kingdom: Peter Honey Publications.

Illback, R., Bates, T., Hodges, C., Galligan, K., Smith, P., Sanders, D. & Dooley, B., 2010. Jigsaw: Engaging communities in the development and implementation of youth mental health services and supports in the Republic of Ireland. *Journal of Mental Health*, 19(5), pp.422-435.

Kahn, S., Zimmerman, G., Csikszentmihalyi, M., & Getzels, J. W., 1985. Relations between identity in young adulthood and intimacy at midlife. *Journal of Personality and Social Psychology*, 49, 1316-1322.

Kasinath, H., 2013. Adolescence: Search For An Identity. *i-manager 's Journal of Educational Psychology*, 7(1).

Keren, M., & Hasida, B. Z., 2007. Risk-taking among adolescents: Associations with social and affective factors. *Journal of Adolescence*, 30, 17-31.

Kessler, R.C., Berglund, P., Demler, O., Jin, R., Merikangas, K.R., & Walters, E.E., 2005. Lifetime prevalence and age-of-onset distributions of DSM-IV disorders in the national comorbidity survey replication. *Archives of General Psychiatry*, 62, 593–602.

Kieling, C., Baker-Henningham, H., Belfer, M., Conti, G., Ertem, I., Omigbodun, O., et al., 2011. Child and adolescent mental health worldwide: evidence for action. *Lancet*, 378(9801), 1515–1525.

Kim-Cohen, J., Caspi, A., Moffitt, T.E., Harrington, H., Milne, B.J., & Poulton, R., 2003. Prior juvenile diagnoses in adults with mental disorder. *Archives of General Psychiatry*, 60, 709–717.

Kratochwill, T. R., 2007. Preparing psychologists for evidence-based practice: Lessons learned and challenges ahead. *American Psychologist*, 62, 826–843.

Kroger, J., 2017. Identity Development in Adolescence and Adulthood. *Oxford Research Encyclopedia of Psychology*,.

Little, W., 2014. *Introduction To Sociology – 1St Canadian Edition*. Victoria B.C.: BCcampus.

Lynch, F., Mills, C., Daly, I., & Fitzpatrick, C., 2004. Challenging times: A study to detect Irish adolescents at risk of psychiatric disorders and suicidal ideation. *Journal of Adolescence*, 27, 441–451.

Lynch, F., Mills, C., Daly, I., & Fitzpatrick, C., 2006. Challenging times: Prevalence of psychiatric disorders and suicidal behaviours in Irish adolescents. *Journal of Adolescence*, 29, 555–573.

Maps.pobal.ie., 2019. *Pobal HP Deprivation Index*. [online] Available at: https://maps.pobal.ie/WebApps/DeprivationIndices/index.html [Accessed 18 Dec. 2019].

Markstrom–Adams, C., 1992. A Consideration of Intervening Factors in Adolescent Identity Formation. In G. R. Adams, R. Montemayor, & T. Gullotta (Eds.), *Advances in Adolescent Development :* Vol. 4. Adolescent Identity Formation (pp. 173-192). Newbury Park, CA : Sage.

Mayer, J.D., Caruso, D. & Salovey, P., 1999. Emotional intelligence meets traditional standards for an intelligence. *Intelligence*, 27, 267-298.

McAdam, N., 2018. Deprived areas of North twice as likely to develop mental health issues. *The Irish Times*,.

McGorry, P., Bates, T. & Birchwood, M., 2013. Designing youth mental health services for the 21st century: examples from Australia, Ireland and the UK. *British Journal of Psychiatry*, 202(s54), pp.s30-s35.

Meadows, S.O., Brown, J.S., & Elder,G.H., Jr., 2006. Depressive symptoms, stress, and support: Gendered trajectories from adolescence to young adulthood. *Journal of Youth and Adolescence*, 35, 93–103.

Muuss, R., Velder, E. and Porton, H., 1996. *Theories Of Adolescence*. New York: McGraw-Hill.

Myers, M., 1997. Qualitative Research in Information Systems. *MIS Quarterly*, 21(2), pp.241-242.

National Office for Suicide Prevention., 2008. Annual Report. Dublin, Ireland: National Office of Suicide Prevention, Health Services Executive. Retrieved October 14, 2009 from http://www.nosp.ie/annual_report_08.pdf

Odeh, Lemuel., 2010. A comparative analysis of global north and global south economies. *Journal of Sustainable Development in Africa*, 12(3), pp.338-348.

Patel, V., Flisher, A., Hetrick, S. & McGorry, P., 2007. Mental health of young people: a global public-health challenge. *The Lancet*, 369(9569), pp.1302-1313.

Prus, R., 1990. The Interpretive Challenge: The Impending Crisis in Sociology. *Canadian Journal of Sociology / Cahiers canadiens de sociologie*, 15(3), pp.355-361.

Ragelienė, T., 2016. Links of Adolescents Identity Development and Relationship with Peers: A Systematic Literature Review. *J Can Acad Child Adolesc Psychiatry*, 25(2), pp.97-105.

Rickwood, D., Deane, F., Wilson, C. & Ciarrochi, J., 2005. Young people's help-seeking for mental health problems. *Australian e-Journal for the Advancement of Mental Health*, 4(3), pp.218-251.

Ryan, G., 2018. Introduction to positivism, interpretivism and critical theory. *Nurse Researcher*, 25(4), pp.14-20.

Sacco, R., 2013. Re-Envisaging the Eight Developmental Stages of Erik Erikson: The Fibonacci Life-Chart Method (FLCM). *Journal of Educational and Developmental Psychology*, 3(1).

Sarbornie, E.J. & Kauffman, J.M., 1985. Regular classroom sociometric status of behaviourally disordered adolescents. *Behavioural Disorders*, 12, 268-274

Sawyer, M.G., Arney, F.M., Baghurst, P.A., Clark, J.J., Graetz, B.W., Kosky, R.J., Nurcombe, B., Patton, G.C., Prior, M.R., Raphael, B., Rey, J., Whaites, L.C. & Zubrick, S.R., 2000. *The Mental Health of Young People in Australia.* Mental Health and Special Programs Branch, Commonwealth Department of Health and Aged Care: Canberra.

Schutz, A., 1971. *Collected Papers: The Problem Of Social Reality*. The Hague: M. Nijhoff.

Schwartz, S., Hardy, S., Zamboanga, B., Meca, A., Waterman, A., Picariello, S., Luyckx, K., Crocetti, E., Kim, S., Brittian, A., Roberts, S., Whitbourne, S., Ritchie, R., Brown, E. and Forthun, L., 2015. Identity in young adulthood: Links with mental health and risky behavior. *Journal of Applied Developmental Psychology*, 36, pp.39-52.

Singleton, R. and Straits, B., 2009. *Approaches To Social Research*. New York: Oxford University Press.

Sullivan, C., Arensman, E., Keeley, S. H., Corcoran, P., & Perry, I. J., 2004. *The National Suicide Research Foundation. Young people's mental health: A report of the findings from the lifestyle and coping survey.* Retrieved April 4, 2012 from http:// www.nsrf.ie/reports/CurrentStudies/YoungPeoplesMentalHealthReport.pdf.

The Department of Children and Youth Affairs, 2019. *UBU Your Place Your Space Policy And Operating Rules*. [ebook] Dublin: The Department of Children and Youth Affairs. Available at: <https://ubu.gov.ie/userfiles/pdf/UBU%20Policy%20and%20Operating%20Rules.pdf> [Accessed 8 May 2020].

Toch, T., 2003. *High Schools on a Human Scale*. Boston : Beacon Press.

UNICEF., 2007. *Child in poverty perspective*: *An overview of child well-being in rich countries*. Report Card 7. Innocent Research Centre.

Vernberg, E.M., Roberts, M.C., & Nyre, J.E., 2008.The intensive mental health program: Development and structure of the model of intervention for children with serious emotional disturbances. *Journal of Child and Family Studies*, 17, 169–177. https://doi.org/10.1007/s10826007-9157-y

Weber, M., 2003. *Protestant Ethic And The Spirit Of Capitalism*. New York: Courier Dover.

Whitley, R., 1984. The Scientific Status of Management Research as a Practically-Oriented Social Science. *Journal of Management Studies*, 21(4), pp.369-390.

Wiley, R. and Berman, S., 2013. Adolescent Identity Development and Distress in a Clinical Sample. *Journal of Clinical Psychology*, 69(12), pp.1299-1304.

World Health Organisation., 2005. *Atlas: child & adolescent mental health resources*. Geneva: World Health Organisation.

World Health Organization., 2020. *Key Messages and Actions for COVID-19 Prevention and Control in Schools.* Geneva: World Health Organization.

World Health Organisation., 2010. *Mental health promotion in young people: An investment for the future*. Geneva: World Health Organisation.

World Health Organisation., 2016. *Mental health: Strengthening our response*. Retrieved from http://www.who.int/mediacentre/factshee ts/fs220/en/

World Health Organisation., 2003. *Investing in Mental Health*. Geneva: World Health Organization.

World Health Organization., 2001. *Mental Health: New understanding, new hope*. Geneva: World Health Organisation.

World Health Organization., 2004. *Promoting Mental Health: Concepts, emerging evidence, practice:* Summary report. Geneva: Author, in collaboration with the Victorian Health Promotion Foundation and the University of Melbourne.

World Health Organization., 2013. *Mental Health Action Plan 2013-2020.* Geneva: World Health Organization.

APPENDICIES

Joseph Curtin Interview Transcript……..89

Elaine McKoy Interview Transcript…….92

Evaluation Survey Questions……95

JOSEPH CURTIN INTERVIEW TRANSCRIPT

Q: How did you learn about 'Mind Your Head?

A: I did my undergraduate degree in community development. It was an honours degree, which was four years in C.I.T (Cork Institute of Technology). I applied for the job at Youth Work Ireland, Cork, and at that point it was part of the job. It was created in 2007. It was created and delivered by the youth worker who was there previous to me, Diane Macken. Herself and Stephen Murphy, who was the community health worker, who created it and delivered in schools.

Q: Was it ever delivered outside of school settings?

A: It's designed to be either or. It's a non-formal programme, it can be delivered in different settings. It was delivered in youth centres as well.

Q: Do you prefer it being delivered by youth workers rather than teachers?

A: Ya I would. In my personal opinion, its better. Young people seem to enjoy it more.

Q: Is the connection with the youth worker important?

A: Ya, they know me some of them. It might be a negative too sometimes, if they're over familiar with me they wouldn't want to discuss things with me. But in general, I think it's good. They get my work number, Facebook, Instagram, all the youth work groups. It makes the programme more than a once off. I'm there in the community.

Q: Do you remember how you felt your first time delivering the programme?

A: Nervous, I just shadowed the two community workers delivering the programme. It was pretty nerve racking. Having two facilitators with experience is good. I have delivered the programme with students on placement, it's more difficult. It makes it easier with some with experience with you.

Q: Have there been any changes to the programme?

A: It used to be seven modules now it's gone to ten or eleven modules. We have added consent, social media and respect and added LGBTI+. It's important to add and edit some of the original activities. A lot relies on the individuals themselves. Our number one aim is to make it fun, bringing in games that I use in my youth work setting helps.

Q: How did the programme come about?

A: Young people approached youth workers saying there was no mental health programme's in the area. They approached Stephen and Diane to create something the idea came from there.

Q: Is it successful?

A: I always want it to be approved. I want to bring tools that young people can use like meditation. It's an adaptable programme that's youth led; it takes the opinions of the young people. At the end of the day it's just a conversation starter. At the end of the day, if young people have fun and learn something then its successful and a worthwhile programme.

Q: What is the best thing about the programme?

A: That it's fun and youth led. It can be adapted to what works with different groups.

Q: What is the worst thing about the programme?

A: That I can't do anything about when young people don't engage, which happens rarely. Connection with the school also, future policy changes. It would be good for the teachers to know who we are. I think youth workers should be in schools.

I learn from the young people too.

Q: Why evaluate the programme?

A: I need the programme to be evidence based to get a stamp of approval. It gives the programme a stamp of approval, and it's a good opportunity to update it with a new programme with the evaluation added to it would be great

Q: Does the programme work?

A: Ya, its intended purpose is to be a conversation starter with young people, to show them local supports and how to cope, and I think it does all that in a fun way, with a youth and community approach it does it very well.

The stigma of mental health is diminishing every year, we ask them what mental health means to them. They have negative views and by the time were finished their views change and they have empathy towards people, and they understand that they can have negative mental health and still know how to deal with it.

ELAINE MCKOY INTERVEIW TRANSCRIPT

Q: How did you get involved?

A: I got involved a little over a year ago, and that's within my role as a community health worker, with cork north community health department. It was part of the job. One of the jobs I took over from the person before me.

Q: What was your first time like delivering the programme?

A: I really enjoyed it, the manual was easy to use, I thought that going into the school was easy with my background working in schools and facilitation skills. I ran a number of groups with young people and adults previously.

Q: What did you bring to the project?

A: I brought my experience of delivering a manualized programme, I have experience working with young people, I started off with the degree in youth and community work and brought in my experience as a community health worker.

Q: What was the most surprising thing you found delivering the programme?

A: I like that the programme sessions can be stand alone, if schools can't give you 10 weeks.

Q: What kind of barriers did you face, if any?

A: Time slots with the schools, don't always get the ten weeks, it depends on the school's schedule.

Having a longer length of time lets you build up a relationship with young people, which is important around the issues of mental health, they'd be more likely to contact myself or Joe with an issue.

Q: What kind of Health & Safety precautions do you have?

A: We introduce ourselves and talk about the programme to give them a sense of how it will run over the weeks. Then we do group contracts to help the young people take ownership over the programme, and its hugely important that we make reference in the first few weeks to the contract. When one delivers a part the other checks the room to see if everyone is ok.

Q: Do you prefer the school environment over the community centre environment?

A: The only experience I have is in a school setting, but it could be delivered in community setting. It can be run in any setting.

Q: Do you rather Youth workers delivering the programme over teachers?

A: If the teachers were delivering it and then going back into the academic side of school, I don't think they would build up the relationship that myself and Joe build.

Q: What is the best thing about the programme?

A: That there is so much in the ten weeks it covers a lot of topics, it's very much up to date information for young people. If anything comes up we can get information.

Q: What is the worst thing about the programme?

A: Getting the time within the schools. I don't know if there is a way around that.

Q: Is there any weaknesses?

A: Having enough people trained to deliver the programme.

Q: Has there been any changes made to the programme?

A: I'm new, but a few months into the programme, Joe and Stephen, were looking at doing a whole review, so the programme has been updated. It's currently being evaluated and updating the sessions. Such as Consent, which is a good thing about the programme. It's good how things have evolved around the needs of the young people.

Q: Why is mental health so important?

A: Young people being aware of their mental health, there's a lot of pressures and stress around young people now and there are ways in coping. It's ok if they're not ok. By talking about it it takes away the stigma.

Q: Does the programme help with stigma?

A: I think so, by talking about it. There's a lot of good discussion in the sessions, which shows they are comfortable talking about mental health.

Q: Why does it work?

A: It works because its relevant and the young people are interested. It works because of how it's meant to be delivered. The combination of youth worker and community worker, the young people respond well to it, and at the end of the programme, joe is always encouraging the young people to get involved in the Hut and making connections out in the community.

Q: Should it be nationwide?

A: It should be nationwide, in all schools and communities. The area of mental health is not specific to an area, it doesn't matter it can affect everybody.

EVALUATION SURVEY QUESTIONS

Q1. Did you enjoy the programme : Yes ☐ 'Kinda' ☐ No ☐

Tell us why?

Q2. Name some signs/symptoms of someone being mentally unwell.

Q3. What things would you do if you were worried about your mental health?

Q4. What things can you do to support others?

Q5. Name at least two things you can do to relieve or prevent stress?

Q6. Number the sessions you got the most from in order of preference:

- Consent ☐
- Drugs & Alcohol ☐
- Conflict ☐
- Image ☐

What did you learn from your top two sessions?

Q7. What games/activities did you like the best and the least?

Q8. Would you recommend taking part in 'Mind Your Head' to other young people? Why?

Q9. Please tell us anything else that you want us to know.