

# Evaluation of Heads Up Kildare

A Programme Targeting  
Young Men aged 18 - 24

**HEADSUP**  
Kildare



To improve mental, physical health and build resilience

"Evidence-based mental health programmes .... are crucial to address the needs of young people in the key transition stages between childhood and adolescence and into adulthood."

**(National Registry of Self Harm Report, 2017)**

"The experiences of a 16-year-old differ greatly from those of someone aged 20 or 21.... which seems to make a clear argument for the tailoring of support services, even within the 'youth and adolescence' bracket."

**(My World Survey, 2012)**

"The importance of inter-agency coordination cannot be over-emphasised."

**(National Youth Mental Health Task Force Report, 2017)**

Burtenshaw & Associates - April 2019



An Roinn Leanaí  
agus Gnóthaí Óige  
Department of Children  
and Youth Affairs



ciste na  
gcuntas díomhaoin  
the dormant  
accounts fund



Rialtas na hÉireann  
Government of Ireland



government supporting communities



# HEADSUP

## Kildare

“Evidence-based mental health programmes .... are crucial to address the needs of young people in the key transition stages between childhood and adolescence and into adulthood.”

**(National Registry of Self Harm Report, 2017)**

“The experiences of a 16-year-old differ greatly from those of someone aged 20 or 21.... which seems to make a clear argument for the tailoring of support services, even within the ‘youth and adolescence’ bracket”

**(My World Survey, 2012)**

“The importance of inter-agency coordination cannot be over-emphasised”

**(National Youth Mental Health Task Force Report, 2017)**

# Evaluation of Kildare Heads Up

## Table of Contents

<b>1.</b>	<b>Introduction</b>	<b>2</b>
<b>1.1</b>	<b>History and development of the Heads Up Programme for Young Men Aged 18-24 years of age</b>	<b>2</b>
<b>1.2</b>	<b>Socio-Demographic Information and Programme Location</b>	<b>4</b>
<b>1.3</b>	<b>Programme Locations</b>	<b>6</b>
<b>1.4</b>	<b>Terms of Reference</b>	<b>6</b>
<b>1.5</b>	<b>Methodology</b>	<b>7</b>
<b>2.</b>	<b>Policy Perspective</b>	<b>8</b>
<b>3.</b>	<b>Description of the Heads Up Programme for Young Men</b>	<b>9</b>
<b>3.1</b>	<b>Overview of the Programme</b>	<b>9</b>
<b>3.2</b>	<b>Objectives of the Programme</b>	<b>10</b>
<b>3.3</b>	<b>Programme Content and Description</b>	<b>10</b>
<b>3.4</b>	<b>Additional Programme Content in Phase 3</b>	<b>12</b>
<b>3.5</b>	<b>Preparation for the Programme</b>	<b>13</b>
<b>3.6</b>	<b>Referrals and Screening</b>	<b>14</b>
<b>3.7</b>	<b>Attendance Rates</b>	<b>14</b>
<b>3.8</b>	<b>Programme Staff Team and Roles</b>	<b>15</b>
<b>4.</b>	<b>Feedback and Metrics</b>	<b>16</b>
<b>4.1</b>	<b>The Young Men on the Programme</b>	<b>16</b>
<b>4.2</b>	<b>Participant Feedback and Assessment</b>	<b>17</b>
<b>4.3</b>	<b>Progression Paths</b>	<b>19</b>
<b>4.4</b>	<b>Feedback from Parents</b>	<b>20</b>
<b>4.5</b>	<b>Agency Feedback</b>	<b>20</b>
<b>5.</b>	<b>Inter-Agency Structures and Funding</b>	<b>21</b>
<b>5.1</b>	<b>Interagency Structures</b>	<b>21</b>
<b>5.2</b>	<b>Funding and Resourcing</b>	<b>22</b>
<b>6.</b>	<b>Conclusions</b>	<b>23</b>
<b>7.</b>	<b>Recommendations</b>	<b>27</b>
<b>8.</b>	<b>Appendices</b>	<b>29</b>
<b>9.</b>	<b>References</b>	<b>40</b>

# 1. Introduction

**The Heads Up Kildare Programme for Young Men Aged 18-24 years (Heads Up Programme for Young Men) is a community based, early intervention programme. It aims to improve their mental and physical health and wellbeing, build resilience, increase social connections and connections to existing supports and services. It supports more marginalised young men to plan for positive futures and realise their full potential through using an inter-agency approach. It is based on the now well established general Heads Up Programme.**

## **1.1 History and development of the Heads Up Programme for Young Men Aged 18-24 years of age**

Mental health has been defined as a state of well-being in which the individual recognises their own abilities and is able to cope with normal daily stresses in life (World Health Organisation, 2005).

The general Heads Up Programme – formally Mojo – was initially provided in South Dublin as a response to a number of suicides in the area. Significant research took place to inform the Programme design. The Programme was positively evaluated over an eighteen-month period, with a final evaluation in 2013. The Jigsaw Project in South Dublin and the Mojo Programme were at that time resourced by the National Office of Suicide Prevention (NOSP).

The immediate context for the Heads Up Programme includes the Adult Mental Health Service in Kildare (AMHS). The mental health services are designed in layers and the understanding is that getting young people to attend service early i.e. at community or primary care level is a better approach than waiting for the problems to become more serious and requiring the AMHS.

The Programme is designed to work with early or lower level mental health needs. Where participants are engaged in the adult mental health services, their clinical needs are addressed in that service and Heads Up clarify their differing roles within the assessment process.

The general Heads Up Kildare is now well established in County Kildare. It commenced in late 2014 and was initially funded through NOSP. It is now funded through the HSE Mental Health Service. Each of the general Heads Up Programmes have demonstrated success in reaching mainly middle aged, socially isolated men from Kildare and in improving their coping skills, problem solving and mental health. The general programme in Kildare was subject to an external evaluation and in particular the evaluation noted that the targets were exceeded, the high retention rates (86%), the progression to education and training (76%). Along with this, almost a quarter of participants went on to engage with other services, for example, as volunteers. The evaluation showed positive outcomes in relation to the staff team and governance through the Interagency Advisory Committee, along with high levels of interagency co-operation.

The evaluation recommended further roll-out of the general Programme, increased capacity for monitoring outcomes, a three-year plan and embedding of the Programme in the Kildare/West Wicklow Connecting for Life Action Plan. In particular, the evaluation recommended sustainable funding through the National Office of Suicide Prevention. The roll out of the general Heads Up Programme is continuing across Kildare and demand continues to exceed supply. Post-programme support groups are also in place.

The Programme for Young Men commenced in 2018. It is funded through the Department of Children and Youth Affairs (QCBI) with Healthy Ireland funding through Kildare Local Community Development Committee (LCDC) and the Kildare Children and Young Peoples Services Committee (CYPSC).



**Mental health has been defined as a state of well-being in which the individual recognises their own abilities and is able to cope with normal daily stresses in life**

(World Health Organisation, 2005).

A range of national and local reports highlight the issue of youth mental health, men's mental health, the particular challenges of reaching young men in the 18-24 age groups along with the dual impact of mental health and disadvantage, including vulnerability to suicide. These reports are outlined in Section 5 of this report and more detail is provided in Appendix 1.

As a response to the following factors, Heads Up Kildare extended their original brief for a general Heads Up Programme for men of all ages and designed and implemented a Heads Up Programme specifically for young men:

- (a) Kildare has the highest proportion of young people nationally (0-24 years) at 36.6%
- (b) The evidence of need, which is outlined in national and local reports (Section 5) and more generally in the international literature
- (c) The requests from local agencies, which was based on their day-to-day experience of working with this age group of young men
- (d) Internal monitoring, which highlighted that young men in general did not access the general Programme. Only 8% of men who had completed Heads Up programmes to date were in the age cohort of 18 – 24 years
- (e) The remit for Heads Up Programme in Kildare includes innovation

The Programme for Young Men was developed in stages, commencing with a pilot and continuing onto Phase 1, 2 and 3. These are described in Section 2 of this report. It continued to be adjusted throughout the period of this evaluation, based on the needs of the participants.

Heads Up is located under the County Kildare LEADER Partnership (CKLP) with linkages to their SICAP social inclusion programme. The national SICAP programme recognises mental health as a contributing factor to social exclusion.

As outlined above, the Programme responds at local level to a broad spectrum of national and local policy in relation to youth mental health and wellbeing, suicide prevention, disadvantage and addiction. However, there is a limited evidence base for what works, particularly in relation to suicide prevention both nationally and internationally. Therefore, the Heads Up Programme for Young Men intends to continuously contribute to understanding young men's needs and the knowledge of what works for this age group both in Kildare and nationally.

Along with the funding agencies, a range of agencies also contributed to the Programme. The Programme has a strong interagency focus in its design, development, delivery and oversight, aimed at improving the local coordinated responses to the needs of young men in this age group.

## 1.2 Socio-Demographic Information and Programme Location

Kildare is the **fifth largest county nationally**, with a population of 222,504 at the time of the CSO Census 2016, an increase of 65% over 20 years from a population of 134,992 in 1996. Kildare continues to expand.

The CSO and AIRO reports show that the youth population in County Kildare has been **growing above the national average**. Kildare now **has the youngest population in the country**. Over 28% of County Kildare's population is aged 18 or under, the third highest in the State.



Importantly, Kildare has large numbers of young people in all young age categories (0 to 4, 5 to 12 and 13 to 17), its youth population is growing and **this means it will continue to have increased demand for services for young people**.

18,603 are aged 18 to 24. The highest concentrations are in Maynooth (2,728), Newbridge (1,712), Naas (1,671), Celbridge (1,652), Leixlip (1,288), Kildare Town (704) and Athy (662). 74% live in urban centres.

**The number of lone parent families with children under age 15 is 4,795, the fifth highest in the State.** The highest rates are in Athy, Kildare, Newbridge, Suncroft, Kilmeague and Castledermot.

In relation to teen parenting, there were 62 births to teen mothers in Kildare in 2017, 60 births in 2016 and 54 births in 2015. The numbers are high when compared to other counties and **the trend in Kildare is increasing** which is unlike other areas across the country. There are Teen Parent Support Programmes (TPSP) across the country, however none are based in Kildare.

In 2018, **strong net migration** was also recorded for young people aged 15 to 24. Young people from rural areas returning to Kildare may experience disconnection and isolation because they are returning to parts of the County they did not grow up in or because their peers have moved elsewhere.

### Young people education, employment or training

County Kildare has a well-educated population, with more than one-third having third-level education and only 10% having no formal education or only primary level. However, there is significant variance across the county. For example, 36.3% of the population of Kildare county have a 3rd level education; however, this drops to 22.2% in Athy town.

There are no definitive statistics on the number of young people not in education, employment or training. A study on early school leaving by Kildare CYPSC of the cohort of 2013/2014 students leaving specific post-primary schools found that the majority left to go to other schools. Around 12% went to other education and a small number went into employment. However, the destination of 73 students (out of a total of 321) was unknown and these are likely to have been NEETs. When examined by municipal district, the highest rate of NEETs per 1,000 students was in Athy, followed by Maynooth, then Naas and Kildare/Newbridge.

Unemployment figures are falling across the state and within Kildare, however again there is variance across the county.

### Self-Harm and Suicide

The Children and Young Peoples Services Committee Plan 2015 - 2017 report notes mental health of young people in the county is of concern.

Six of the 20 recorded suicides in 2015 were young people aged 15 to 34. In addition, more than one young person aged under 17 presented to hospital each week with self-harm. The Connecting for Life Strategy for Kildare and West Wicklow provides the following for the area: *"In 2015 the highest rates of recorded suicides per 100,000 were in Wicklow (12); Kildare (10.6); South Dublin (8.3) and Dublin City (7.3)."*



According to the 2016 statistics from LCDC/AIRO Kildare Census 2016 Profile Health, relative to other local authorities Kildare has the 13th highest rate of suicides per 100.000 population, this figure equates to a rate of 9.4 per 100,000 population. This rate is higher than that state (8.4) and regional (5.9) level. However, Kildare has the highest rate in the Eastern SPA. This is important as the rate in Kildare is three times higher than South Dublin (3.2). This is the Tallaght/Clondalkin area within CHO 7.

***Kildare has the 13th highest rate of suicides per 100.000 population, this figure equates to a rate of 9.4 per 100,000 population.***

In numerical terms 21 deaths by suicide is the 4th highest nationally after Cork County, Dublin City and Kerry. In the age cohort 15-34 there were 6 deaths by suicide in 2015. The rate 10.5 per 100.000 is in line with national levels, but greater than regional levels (8.4).

**The National Suicide Prevention Report for 2016 states:**

***"... The rate of persons presenting to hospital in Kildare and West Wicklow following self-harm was 171 and 240 per 100,000 for males and females respectively. Nationally, the rate of self-harm for males and females was 184 and 229 per 100,000 respectively."***

In relation to Kildare and West Wicklow the strategy also notes that drug overdose was the most common method of self-harm, involved in 65% of presentations. Alcohol was involved in 33% of presentations. There is no drug treatment clinic in Kildare and many young people travel to Dublin for services. Self-cutting was the only other common method, involved in 31% of presentations. There were 401 individuals treated for 523 self-harm presentations in 2015. This implies that just under one in four (122, 23%) of the presentations in 2015 were due to repeat presentations.





### 1.3 Programme Locations

The programme locations took account of the social demographic profile along with other factors.

- (a) Kildare town: Kildare town has high levels of social disadvantage and a high concentration of young people. Heads Up General Programme was initiated in Kildare town in 2015. The Programme has an excellent track record and strong service and community links established in the area. Kildare town is accessible by public transport in terms of bus and a rail service. The location (The Hive youth facility) in Kildare town, supported the need for a community-based programme for young men. The strategic plan for the Hive 2018-2025 highlights responding to youth mental health issues and working with 18-24-year olds as key strategic priorities.
- (b) Athy: Athy is one of the most socially disadvantaged areas of Kildare, with higher than average levels of unemployment, poverty indicators and deprivation, social welfare dependency and single parent households. Adult mental health services in Athy had identified a significant increase in their caseload of young men presenting to A&E from self-harm. Heads Up Kildare have been providing interventions since 2017 in Athy – on average 2 Programmes per year. As in Kildare town, Heads Up has established positive relationships with some of the key services in Athy.

### 1.4 Terms of Reference

The stated aims of the evaluation are to outline the development of the Heads Up Kildare Programme targeting 18-24-year-old men and to assess the programme against the objectives set, in order to inform future Heads Up programmes targeting young men. The evaluation objectives are:

- To outline the Heads Up Kildare model of engagement with young men
- To evaluate the impact of this model in terms of outcomes for participants, their families and services against the programme objectives set
- To evaluate the collaborative approach used to plan, implement and review this initiative
- To assess how this programme fits with and implements current and impending national and regional policies
- To make recommendations in relation to:
  - a) The future development and delivery of the programme
  - b) The sustainability of the programme
  - c) The potential of the programme to influence and implement relevant policies

In initial discussions with the Programme Manager it was agreed to focus on:

- The current Programme Phase 2 while placing it in the context of the broader Programme development
- The Programme's fit with current national and regional policy

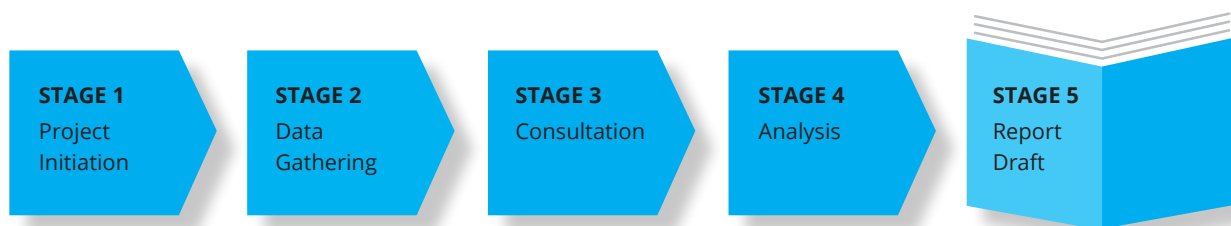
**Following a decision in December 2018 to roll out an additional 10-week Programme (Phase 3) the evaluation was extended to include Phase 3.**

Therefore, the evaluation period was extended and took place from **October 2018 to March 2019.**



## 1.5 Methodology

The work was carried out according to a five-stage approach:



Tasks within each stage were as follows:

**Stage 1: Project Initiation:** This involved meeting with the Manager of Heads Up Kildare to finalise the approach and agree a plan for the evaluation. At this point it was agreed to place a particular emphasis on the policy context for the Programme, as this had not been documented or analysed and to focus on the current programme (Phase 2) while taking account of the previous pilots.

**Stage 2: Data Gathering:** This involved completion of desk research including previous evaluations of Heads Up/Mojo Programme, programme/session materials, internal Heads Up materials, marketing materials. It also involved review of broader policy materials, which is summarised in Appendix 1 of this report.

**Stage 3: Consultation:** A programme of stakeholder consultations involved over **20 people representing over 10 organisations** and interagency groups along with a focus group with Programme participants.

- Programme participants
- HSE Mental Health Division, Community Health Care Organisation (CHO) area 7
- HSE Suicide Resource Officer
- HSE Primary Care
- The Probation Services
- Kildare Children and Young Peoples Services Committee
- South West Regional Drug and Alcohol Task Force: SWRDATF and HALO Project
- Kildare Youth Service: Counselling Service and Youth Health Co-ordinator

- Foróige
- The Hive Youth Facility, Kildare
- County Kildare LEADER Partnership
- Kildare LCDDC Co-ordinator
- Tusla
- A past participant of the Heads Up Programme
- Family members of participants
- Manager and staff/trainers/facilitators team for the Programme
- The Steering Group for the Heads Up Programme for Young Men

The methodology included focus groups, one-to-one interviews and telephone interviews.

**Stage 4: Analysis:** This involved assessment of the information gathered, which was mainly qualitative in nature.

**Stage 5: Draft Report:** During this stage the report was drafted and completed following engagement with, and feedback from, the manager, the trainers and Steering Group for the Programme.

## 2. Policy Perspective

**The need for the Heads Up Programme is evidenced in a wide range of research. Research shows that mental health issues emerge generally early in the life cycle and before 24 years of age. Almost 75% of all serious mental health difficulties first emerge between the ages of 15 and 25.**

(Hickie, 2004; Kessler et al., 2005; Kim-Cohen et al., 2003).

The need for the Heads Up Programme for Young Men aged 18-24 as part of a community based, early response for a vulnerable group, is also evidenced in a wide breadth of national and local policy. The continued policy emphasis on, whole of society, inter-departmental and interagency working also underpins the Programme. A synopsis of this policy is provided in Appendix 1 under the following seven headings:

- National Health Service: Sláintecare
- Youth and Mental Health
- Self-Harm and Suicide Prevention
- Healthy Ireland (HI)
- Men's Health Policy
- Substance Misuse: Drugs and Alcohol
- Social Inclusion and SICAP

Key points from the extensive research include:

- **Additional early intervention programmes** for young people at primary care or community level (HI, National LGBTI Youth Strategy, National Youth Mental Health Task Force, Sláintecare)
- **The importance of "transitions"** and the vulnerability of young people at that point in their lives: *"Evidence-based mental health programmes .... are crucial to address the needs of young people in the key transition stages between childhood and adolescence and into adulthood."* (National Registry of Self Harm)
- **Whole of government, cross-agency co-operative working for youth mental health** and disadvantaged youth, recognising the link between mental health, education and progression, work and engagement in society. *"The importance of inter-agency coordination cannot be over-emphasised"* (National Youth Mental Health Task Force, HI)

- **Additional actions for disadvantaged** as they are more vulnerable to a range of risk factors which often combine to increase their vulnerability to mental health problems, self-harm and suicidal behaviours. *"The link between suicidal behaviour and social inequalities is also apparent, with rates of self-harm highest in areas with high levels of deprivation, as illustrated in this report."* (National Registry of Self Harm)
- **Marginalised young people are less likely to benefit from services and supports:** *"Marginalised members of society and hard to reach groups may need targeted interventions, as equality of access does not always result in quality of participation or of outcomes,"* (DOH, National Drugs Strategy)
- **Prioritising interventions that focus on priority or vulnerable groups** for suicide prevention: men, youth, unemployed men, socially isolated men in rural areas and in particular men in distress and/or engaging with the mental health service (Connecting for Life)
- **The links between mental and physical health**, obesity and fitness and evidence that disadvantaged communities are less likely to engage in and benefit from physical activity and more likely to be obese (National Sports Monitor, National Obesity Plan)
- **The link between addiction and mental health** (National Drugs Strategy HSE, SWRDATAF Report)
- **Focused approaches** are required for the different age groups within the youth bracket (My World Survey)
- **Safe, friendly, supportive, inclusive spaces** for young people to improve their mental health (Youth Health Policy)
- **A gender-based approach to mental health and suicide prevention programmes** and the need for a "gender lens" (HI Men's Health Strategy)

## 3. Description of the Heads Up Programme for Young Men

**This section provides an overview of the Programme, Programme objectives and content along with an explanation of how the Programme developed in stages over 2018-2019.**

### 3.1 Overview of the Programme

The Programme is a community based early intervention programme for 18-24-year-old young men. It is mainly group based. Although it is a new programme, it is based on the Heads Up General Programme for men in all age groups, with adjustment to best support this younger target group. It is built around core well established components and modules. The aim of the Programme is to support more marginalised young men to plan for positive futures and realise their full potential through using an inter-agency approach.

Additional supports include the option to attend a counsellor (10 sessions) built into the programme and availability of transport costs to enable attendance. Support was available between programme sessions through the staff team members.



The Programme was designed to work with early or lower level mental health needs. Where participants are engaged in the adult mental health services, their clinical needs are addressed in that service and Heads Up clarify their differing roles within the assessment process. It continued to be adjusted throughout the period of this evaluation, based on the needs of the participants and drawing from previous Programmes.

Heads Up is a voluntary programme, with no financial rewards and the participants have to make the active decision to engage.

The Programmes considered in this evaluation are called Phase 2 and Phase 3 (a 9 week and 10-week Programme), each for 2 days per week. These were built on the learning from earlier shorter programmes. These earlier Programmes are outlined in Appendix 2.

Phase 3 was designed and delivered as an extension of Phase 2, because the young men were not sufficiently ready to progress onto training, education or employment (which is a core objective of the Programme) at the close of the Phase 2 Programme. This development was not anticipated.

***Heads Up is a voluntary programme, with no financial rewards and the participants have to make the active decision to engage.***

The Programmes are interconnected in that the learning from the shorter Programmes informed Phase 2 and Phase 3 and some participants progressed from the shorter Programmes onto Phase 2 and Phase 3.



## 3.2 Objectives of the Programme

### Phase 2 Programme

The aim of the Phase 2 Programme was to support marginalised young men to build positive futures and realise their full potential by providing an inter-agency community-based youth mental health and wellbeing programme.

The initial programme objectives were to enable participants to:

- Develop skills, confidence and knowledge to support their mental and physical health
- Build resilience
- Access supports and services within their own community
- Make positive life choices
- Develop strong protective factors that will enable them to deal with what life brings
- Create more positive future outcomes, including improved mental health, educational attainment, better parenting, reduced crime, positive coping strategies

### Phase 3 Programme

Phase 3, the additional 10-week Programme, was developed with the following aim: to continue to build on the work completed in Phase 2 by continuing to engage with the young men in order to build resilience and support their progression.

The objectives for Phase 3 were to support the young men to:

- Increase their physical and mental health, develop social connections and signpost to services where appropriate
- Continue consistent engagement and participation on a planned Programme
- Build new relationships e.g. with peers and relevant services
- Identify their next steps on their progression path to building positive futures
- Participate in a broad range of activities relevant to their needs

An additional objective identified for phase three in terms of inter-agency work is to facilitate relevant agencies in Kildare to work collaboratively for the benefit of the young men involved.

## 3.3 Programme Content and Description

The Heads Up Programmes for Young Men 18-24 (Phase 2 and 3) were built around three areas.

- (a) Wellbeing and Resilience including W.R.A.P.
- (b) Life Planning
- (c) Physical Exercise and Sports

(As Phase 3 was designed separately the particular focus of Phase 3 is noted separately in each area).

### (a) Wellbeing and Resilience

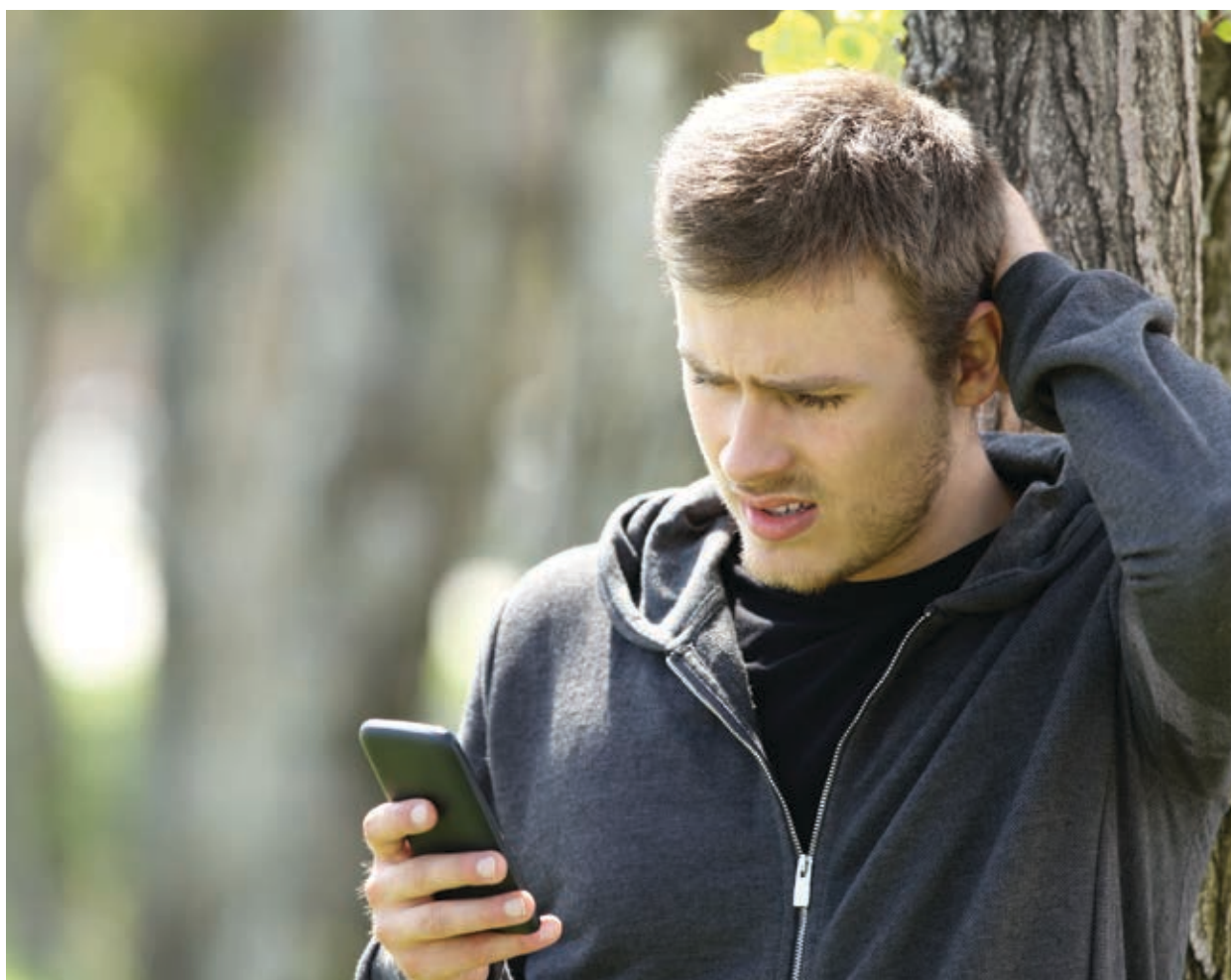
The Wellness and Resilience work was based on the Wellness and Recovery Action Planning Programme (WRAP). This is a well-established evidence-based approach to supporting people experiencing mental health issues to develop their own personally tailored Wellness Action Plan. It gives participants an understanding of their mental health, space to express their emotions and tools to deal with different situations. It supports participants to identify what makes them well and to use their wellness tools for recovery and stability. The Mental Health Recovery Star was utilised as a support and measurement tool. It was underpinned by an individual WRAP manual for each participant. The manual supports symptom monitoring, crisis planning and self-help recovery. WRAP can be used in conjunction with other approaches. It provides a highly individualised plan which can be adjusted and updated. It includes: Wellness Toolbox, Daily Maintenance Plan, Identifying Triggers and Early Warning Signs along with Crisis Planning. An example of this area of the Heads Up Programme was the module to identify and explore individual triggers (Appendix 3).

A number of different services provided information or facilitated specific discussions including:

- HSE Adult Mental Health Services (Social Worker and Occupational Therapist) – Decider skills / Sleep Hygiene
- South West Regional Drug and Alcohol Task Force (SWRDATF) – Drug Misuse
- Psychotherapy and Counselling Service – Value and processes of therapy

The Wellbeing and Resilience in Phase 3 built on a range of Programmes beyond the W.R.A.P. Including:

- Foróige's Be Healthy Be Happy Programme, enabling participants to identify factors which influence and impact on their health and wellbeing



- Putting the Pieces Together, a drug education programme which clarifies information, challenges attitudes and provides factual information about tobacco, alcohol and drugs (SWRDATF and facilitated by Foróige)
- The Sleep Programme, sets out ways to prevent sleep becoming a problem, addressing stress, diet, physical activity and encourages changes to poor sleep hygiene (Tusla/HSE)

### **(b) Life Planning**

Life Planning was primarily based on material used in the general Heads Up Programme and Mind Out, which is a well-established programme, developed by the Health Promotion Research Centre at NUI Galway and the HSE's Health Promotion and Improvement Department. It has been proven to strengthen young peoples' social and emotional coping skills and improve their overall mental health and wellbeing. The programme has been proven effective with the most vulnerable young people. It was trialled in DEIS schools and Youthreach with positive results and is now available in many post primary schools. It is supported by both the Department

of Education and the Department of Health. Whereas the Mind Out Resource Pack was used for many modules, in some cases the module materials were adapted to suit the age group and their abilities. The Life Planning Schedule is outlined in Appendix 4. The men identify a broad spectrum of aims and priorities and they meet with a facilitator on the Programme (life planner) on approaches to working through some of the challenges identified. This can include, for example, mental health, physical appearance, isolation and addiction. The Need Wheel was the tool utilised to assess progress.

The Life Planning content in Phase 3 built particularly on identifying what made the young men more positive and confident. This included achievements and personal strengths which assisted the participants to build a positive foundation for the future. They created for example a personal statement which could be used for future course and job applications. They explored future potential careers. They also met with Youth Support Worker from CKLP to identify support systems for their progression.



### (c) Physical Exercise and Sports

Physical exercise and sports were particularly important elements of the Programme, with substantially more time given to sports and physical exercise than in the general Heads Up Programme. A sports session was included at some point in each day of the Programme. One session each week was on the premises and the second session was at an external venue. The sports sessions were built into the Programme and aimed at increasing the men's fitness levels, improving their mood and their sense of wellbeing. They also aimed to improve the team spirit and connectedness to others in the group. The sessions introduced participants to a different form of exercise each week. This approach supported the young men to find the type of sports or physical activity that they could continue after the Programme. They also got the benefits of being outdoors in nature, which resulted in better sleep patterns. Transport was provided to the gym for gym sessions. It included a swimming pool and sauna. This element of the programme was supported by the Kildare Sports Partnership.

The Programmes also included additional once off inputs for example a drumming session and input from an art therapist.



*Art created by one of our participants*

The key difference between the general Heads Up Programme content and the Programme content for Young Men in Phase 2 were additional life skills and physical activity and sports. However, there was considerable difference in the delivery which was very flexible, focussed on participants needs and took a youth work approach.



### 3.4 Additional Programme Content in Phase 3

Phase 3 engaged key agencies in a more direct way in the Programme. They were involved directly in the design and they played a more active role in the delivery of this Phase of the Heads Up Programme. The Hive, Foróige, KYS, CKLP all committed a staff member for approximately a half day per week to facilitate on the Programme.

Therefore, this Phase of the Programme was very different to the general Heads Up Programmes for mixed age groups. This Phase built a very direct relationship between each agency and the young men to actively support their progression.

The Phase 3 Programme has a much greater focus on Life Planning and Progression and ensuring the young men had identified their next steps and were actively engaged with agencies and in their progression routes prior to the end of the Programme. The agencies were central to this approach and to the young men at this crucial point in their progression.

The agencies took a "strengths based" perspective, concentrating on what aspects of their lives they could identify positively and build on. Phase 3 included less structured time and a social space. This was an informal space in KYS for the young men to hang out and build relationships. The activities were directed by the young men and included pool, listening to music, art, cooking and darts. They also went on a number of trips including Irish National Stud, Japanese Gardens, Bowling and Go Quest.



### 3.5 Preparation for the Programme

The implementation of the Heads Up Programme for Young Men 18-24 requires substantial preparation. This was due to a number of factors. It is a new Programme, the age group are extremely difficult to engage and the interagency nature of the Programme, while effective, makes set-up and implementation more complex. The main steps in setting up the Heads Up Programme for Young Men aged 18-24 are outlined in the chart below.

Implementation Process for Establishment of Heads Up Programme for Young Men 18-21 Years		
Steps	Area	Detail of work carried out
1.	Establishing Need	<ul style="list-style-type: none"> <li>Establishing the need for the programme for 18-24 year olds</li> <li>Evidence in national and local research</li> </ul>
2.	Structure: Set-up	<ul style="list-style-type: none"> <li>Set up youth specific sub-group</li> <li>Recruit members including youth organisations alongside IAG members familiar with Heads Up Programmes</li> <li>Establish governance remains with IAG</li> </ul>
3.	Delivery Team	<ul style="list-style-type: none"> <li>Engage additional staff members with youth work experience</li> <li>Participate in relevant training</li> </ul>
4.	Programme Design and Materials	<ul style="list-style-type: none"> <li>Work with two teams (staff /youth steering group) to adjust the programme design and delivery methods for younger age group while retaining core programme content.</li> <li>Including: emphasis on fitness, youth work delivery methods</li> </ul>
5.	Awareness and Engagement	<ul style="list-style-type: none"> <li>Adjust/deliver marketing materials for age group including: GPs, libraries, Councillors, community, hospitals, addiction</li> <li>Meet with relevant agencies: programme, benefits protocols</li> <li>Workshops, explaining the programme and its value to employment services, Mental Health Social Work Team, Tusla and Community Training and Development Centre</li> <li>Media, including radio interviews, Kildare Nationalist newspaper, video development and social media</li> </ul>
6.	Referral and Recruitment	<ul style="list-style-type: none"> <li>Agreed criteria for participation including: age, motivation and capacity to attend, change, to benefit from the programme</li> <li>Identify potential candidates and conduct screening interviews</li> <li>Clear referral steps, policy agreement and leaflet</li> <li>Agencies asked to identify young people who may benefit from the programme and to support them to meet the Heads Up team</li> <li>Emphasis is on decision-making by the young person to engage.</li> </ul>
7.	Programme Funding Established	<ul style="list-style-type: none"> <li>Applications for funding through Healthy Ireland and Dept of Children and Youth Affairs QCBI (LCDC, CYPSC)</li> </ul>
8.	Delivering Programmes	<ul style="list-style-type: none"> <li>Deliver to engage candidates as soon as possible following recruitment:               <ul style="list-style-type: none"> <li>- Pilot and Phase 1</li> </ul> </li> <li>Reviewing and learning from Pilot and Phase 1</li> <li>Delivery of main Programme (Phase 2)</li> <li>Providing the option for additional supports</li> <li>Develop Phase 3 with strong inter-agency involvement</li> </ul>
9.	Monitoring and Internal Review  External Evaluation	<ul style="list-style-type: none"> <li>4 meetings of the Project Group to review progress and resolve issues and blocks</li> <li>Key issues identified included ongoing supporting or programmatic work following on from the Phase 2 Programme</li> <li>Regular reporting to the county level Advisory Group</li> <li>Agreement on objective and focus of external evaluation</li> <li>Decision to extend the programme based on the needs of the young men involved</li> <li>Decision and scoping work to develop Phase 3</li> </ul>
10.	Development: Phase 3	<ul style="list-style-type: none"> <li>Development of Phase 3 Programme</li> <li>Including: re-design, funding, recruitment, intense agency engagement</li> </ul>

### 3.6 Referrals and Screening

There were 26 referrals for the Phase 2 and Phase 3 Programmes. There were 20 referrals from 10 agencies and 6 self or family referrals. Of the 20 agency referrals 10 young men took part in the Programmes. The referral pathways were mainly through the National Learning Network, health, youth and employment services. The National Learning Network, Local Employment Services and HSE Adult Mental Health Services referred more than one participant. There were no GP referrals. The details are outlined in the table below.

Referrals to Phase 2 and 3 of the Heads Up Programme for Young Men 18-21 Years		
Referring Agency	1 Referral	2 + Referrals
Local Employment Services		2 Referrals
Intreo		2 Referrals
The Hive Youth Hub	1 Referral	
CKLP – Youth Employment Worker	1 Referral	
School Completion Programme	1 Referral	
Cill Dara Housing Assoc.	1 Referral	
National Learning Network (Naas and Athy)		5 Referrals
ARAS (Addiction service)	1 Referral	
KYS – Counselling Service	1 Referral	
HSE – Adult Mental Health Services		5 Referrals
Self-referrals/Family referrals		6 Referrals
<b>Total Referrals: 20 agency and 6 self-referrals</b>		

All participants (with one exception) were provided with an initial screening session in advance of the Programme. The purpose of the screening session was to build relationships, provide information, assess suitability, identify needs and enable the young men to make an informed decision regarding their participation. Some referrals had more than one screening session.

Engagement (sometimes along with a referring agency or parent) was an important step to gain trust, to maximise the potential for participants to stay connected to the agency during the Programme and to assess suitability and readiness. However, a standardised pre-programme assessment process to assess suitability and form the basis for measurement of progress was not part of the early engagement process.

Taking account of the broader range of Programmes (i.e. including the Phase 1 and Pilots) there were 61 agency referrals across all Programmes.

### 3.7 Attendance Rates

The attendance rates for the Programmes were as follows:

**Phase 2 Programme**  
 October to December 2018 **63%**

**Phase 3 Programme**  
 January to March 2019 **72%**



### 3.8 Programme Staff Team and Roles

The Phase 2 Programme was delivered by a team of 3 staff and managed by Heads Up Manager with administrative support being provided by the Heads Up Administrator. The Manager, Administrator, Wellbeing and Resilience and Life Planning Coordinators are employed by CKLP. The Manager of the Hive Youth Hub in Kildare was also on the training team for Phase 2 and has a youth work background. The majority of the staff team also deliver the standard Heads Up Programmes across the county, while simultaneously innovating and developing the Heads Up Programme for Young Men aged 18-24. Therefore, the team have extensive experience of delivering Heads Up Programmes. The team for the Heads Up Programme for Young Men includes:

- Experienced and qualified Youth Worker (BA Hons), H.DIP Youth and Community Work)
- Experienced and qualified Mental Health Nurse (Registered Psychiatric Nurse, Dip.H.E. Health Studies along with teaching qualifications and Post Graduate in Mindfulness)
- Experienced and qualified trainer (Diploma in Group Work Practice, Group Analytic Psychotherapy along with qualifications in continuing education)

Facilitators also attended the following training. WRAP, Mind Out and Engaging Young Men in Mental Health and Wellbeing.

The staff were clear on their roles and although, for example, they were trained in different disciplines, their role on the programme was to facilitate, train and support the men on the Heads Up Programme. There was a strong team work approach and co-facilitating in all sessions. There were very frequent staff team meetings to review individual and group progress.

The staff team were involved throughout the course of the programme. For example, they not only delivered the course modules but also interviewed potential participants and supported them throughout the programme. The Phase 3 Programme involved a much broader interagency team in delivery (see 2.3 for details of agencies delivering on Phase 3).



## 4. Feedback and Metrics

**This section describes the young men attending the Programme, outlines stakeholder feedback and the measures to access the benefits of the Programme and progression paths.**

### **4.1 The Young Men on the Programme**

Many young men aged 18-24 are in a period of transition. They are moving from the dependency of adolescence to the responsibilities and independence of young adulthood. For many it is a period of possibilities, going to college, developing relationships and having their own money. However, for some it is also a challenging period and they do not make the transition to adulthood easily. They struggle with developing an identity, transitioning into training or education, living independently or forming relationships. At this very vulnerable point in their lives many also struggle with their mental health and wellbeing. The research has indicated that the majority of serious mental health difficulties emerge prior to 25 years of age (see Section 5). From about 18 years of age, when they are transitioning, most of the stable supports and connections start to taper off or are gone: school or Youth Reach, youth justice services, youth services, Tusla, child and adolescence mental health services.

Many agencies are aware of the challenges for many young people in this age group and particularly for what are often termed the “hard to reach” or NEETs (not in

education, employment or training) group. Although each of the young men participating in Heads Up had their own very personal history and story, their challenges were common with the documented research for this cohort.

The men on the Programme were mainly in the 18-22 age group, living with their family of origin in Kildare town or Naas. Whereas there were a wide range of issues in the main they identified as having low level of connectivity with others and many identified as being isolated. Some were spending substantial time on-line gaming. They had lost connection with core services.

A high number of participants said they lacked motivation, had low self-esteem, had high level of anxiety (particularly social anxiety), worry, feelings of depression and many used alcohol or other substances (usually weed) very regularly. Many also said they lacked a positive routine and some suffered panic attacks. For many young men in the Programme it was the first time they expressed their emotions with peers.

*Research has indicated that the majority of serious mental health difficulties emerge prior to 25 years of age*



A minority of the young men had ongoing connections with the Adult Mental Health Service or the National Learning Network. In some cases, referring agencies worked with the young men, but with a specific focus, e.g. to support them to find employment. However, in general they were not case managed or connected in any meaningful way to other services. In many cases they had lost their connection to supports (school, Youthreach, youth mental health and addiction services, youth justice, Tusla and youth services) due to their age and transitions.

None of the young men were in employment or training at the time of attending the Programme. However, most had completed their Leaving Certificate. The vast majority had commenced training, education or employment but had difficulty sustaining their employment or college courses. Most of them wanted to return to their training or employment and to take-up that part of their lives again.

Keeping the participants motivated to attend was an ongoing issue for the Programme, the participants indicated a real desire to attend and some travelled considerable distances to attend the Programme, in one instance a participant had to take a train to Dublin and then back to the Programme in Kildare.

## 4.2 Participant Feedback and Assessment

The measurement of the Programme was through self-reporting methods. Participants in all Programmes participated in some form of feedback; however, this section focusses on the measures for the Phase 2 and 3 Programmes. The key methods were the Mental Health Recovery Star and the Mind Out Wheel. However, feedback sheets, weighted ranking and Six Thinking Hats were also reviewed for this evaluation.

- a) The Mental Health Recovery Star
- b) Mind Out Wheel
- c) Other assessment methods for the modules
- d) Assessment of Physical and Sporting Activity

### (a) Mental Health Recovery Star

The Mental Health Recovery Star (Recovery Star) is well established as a measurement tool for change and progression for adults working to improve their mental health outcomes. It underpins the empowerment journey of change and recovery. In addition, it can be used as an organisation tool to monitor and review the change process as participants progressed through the Programme.

The Recovery Star helps participants to see the bigger picture – the areas of life that are working well and the areas that are causing difficulties. This picture helps participants agree about what they need to focus on at this point in their lives. From there they were facilitated by the Heads Up team to start thinking about the actions they want to take and the supports required.

The Recovery Star looks at ten areas of participants' lives and was implemented on the first and final week of Phase 2 and showed the following outcomes. However, it was not implemented on the Phase 3 Programme.

- All participants reported significant improvements in terms of **physical health and self-care**. This included getting a sense of what works for them in terms of self-care, improved eating patterns, greater awareness of stress and how to handle it and maintaining a healthier way of life in terms of sleep, exercise and nutrition.
- The vast majority of participants identified significant improvement in terms of wanting to **work**, actively exploring options, believing it was possible to get a job in the future.
- The vast majority felt more equipped to manage their own **mental health** – *"rebuilding my life"*, believing a different future was possible. One participant saw himself as more self-reliant, having a greater awareness and tools for coping with life, including setbacks in his mental health.
- The vast majority of participants were better able to recognise their **addictive behaviours** on completion of Phase 2, moving from a point of believing they did not have a problem towards accepting it as an issue for them and exploring alternative coping mechanisms.
- It showed an increase in people they could trust.
- The vast majority had an appetite for more engagement in social networks.
- A comparison between the initial low scores in Self Esteem and final scores showed significant improvements in terms of how participants felt about themselves and greater understanding of their own strengths by the end of the Programme.

### (b) Mind Out Wheel

This measure is used to assess participant progress, tracking changes in how the participant was feeling, behaving, getting on with others, problem solving along with their future thinking. The wheel is designed to be used by a group at the beginning and the end of the Programme to allow them not only track their progress but when completed at the beginning of the Programme it acts as a guide on the areas that need to be covered in the programme.



There was an upward movement on almost all scales by all of the participants. The participants who completed an initial and final assessment all show higher scale placing in almost all scales. However, the measure was again used on the Phase 2 and not the Phase 3 Programme. Only 6 participants filled out the assessment and only 4 assessments were valid. Some of the movement was particularly marked; for example, two participants moved up five points on the problem-solving scale, finding it easier to solve problems and being more satisfied with how they were tackling them. More detailed results on the Mind Out Wheel assessments are in Appendix 5.

### (c) Other Assessment Methods

The following is the feedback from the Feedback Sheets, Weighted Ranking and Thinking Hats, used throughout the Programme.

The feedback sheets provided very positive immediate feedback on all modules along with more general comments. Many noted that they appreciated the opportunity to do something different and to do it out of their current environments. Many participants also commented on the practical life skills learned through the Programme. There was also a range of positive comments on the less structured supports such as, sharing food together, the company in the group and the relaxed environment. Comments from the feedback sheets include:

*“ I've done more in the last 9 weeks than the past year ”*

*“ Delighted to have come here and no regrets about joining the group ”*

*“ I felt supported to socialise again and become more motivated ”*

*Physical activity ...*

*“ found challenging and enjoyed ”*

*“ I found a better understanding of life planning incredibly helpful ”*

*“ All the organisations were new to me ”*

Although participants found the Programme challenging at times, the comments indicated that they felt comfortable with the group and trainers. The only negative comment related to the size of the group, some participants said the group would benefit from more numbers for some modules. However, they also said that they did not mind new participants joining the group during the Programme.

According to the weighted ranking exercise there were no strong preferences, with the young men indicating that they benefitted from different modules and with only slight preferences for the modules on Triggers, the Wellness Tools, How to support myself today and Understanding the Concepts of WRAP.

Six Thinking Hats self-reported method helps to review a programme from different points of view. The men were invited to ‘wear’ one hat at a time and think about the programme from that perspective. Six participants completed the exercise and the points most repeated are weighted in the table below. It highlights the importance of the group engagement, the sense of belonging in the group and the connections built between the participants over the period of the Programme.



## Six Thinking Hats

Liked most	Found challenging	Grateful for
Sense of camaraderie (6)	Concentrating on things that	Company (6)
Mutual respect for each other (6)	went on for too long (6)	Having each other (6)
Getting to know everyone (6)	Mindfulness (3)	Sense of self-worth from
Humour within peer group (6)	Physical fitness at first only (3)	from coming here (6)
Addiction studies (5)		The staff (6)
Going through similar things, (5)		Having a place to come to (6)
we are all the same		Socializing with people (6)
'Decider Skills' (4)		The opportunity to prove
Being among people with		to myself I can socialize (6)
similar experiences (4)		

### (d) Evaluation of Sporting Activity

There was no separate evaluation of the sports activity or measurement of progress in this area; however, some feedback was extracted from the general feedback and evaluation sheets. The sports facilitator and the boxercise trainer were also asked for their personal observations.

The young men reported weekly that they enjoyed the physical activity and observed improvements in their physical fitness. On the general feedback sheets, they reported: changing diet, including more water and attempting to eat healthier.

The young men appreciated the fact that their individual abilities and levels of fitness were taken into account, with differentiated programmes on the boxercise day. They also reported liking the fact that there was no pressure to "keep going", that they could dip in and out as they felt able. This flexibility encouraged greater participation and ownership of their own progress.

The boxercise instructor fed back their progress to the men on a weekly basis. He noted that he retained an element of fun; however, the duration and the level of difficulty of the circuit training offered was increased incrementally. He noted the importance of nutrition and gave them an input on good nutrition. He also shared "his story", which the young men found motivating. In the consultation session with the participants they said that they looked forward to their gym session on the Wednesdays. They found the gym (Gables Gym, Newbridge) friendly, relaxed and "homely".

### 4.3 Progression Paths

There were a range of changes and improvements identified through the interviews with the young men at the end of Phase 3. These included: reduced anxiety and absence of panic attacks, reduced medication (attributed to the Programme), more open about mental health struggles and feeling increasingly more positive and more able to cope. Some of the young men continued in the gym and some had commenced or continued in counselling. The new participant (commenced the Programme in Phase 3 only) signed up to attend a general Heads Up Programme.

At the end of Phase 3 the young men had commenced the following progression pathways, relating more directly to education, training and employment:

- Commenced studying and college application process (with CKLP support) to prepare to return to his college course
- Volunteering as computer tutor (with KYS support)
- Volunteer Youth Leader with KYS and applied to complete the Volunteer Adult Training Programme
- Interested in and actively looking for work
- Commencing training in Safepass and Manual Handling Courses
- Linking with Youth Employment Programme (YEP)
- Engaged with Community Arts Facilitator

#### 4.4 Feedback from Parents

*"I could see a real difference: he got out of bed for the Programme, he talked to people, it gave him a lift, he was more positive, he loved the group – normally he didn't do anything" Parent*

Two parents were interviewed in relation to benefits of the Programme and the progress made during the Programme. The impact on families, when a young person is struggling with mental health and wellbeing was apparent in the interviews. The parents focussed on the importance of simply leaving the house and attending a Programme, appearance and small shifts in patterns and behaviours. Key comments are noted below:

- The effort in getting to the Programme showed how much the participants and parents values the Programme
- Engaging in a Programme and with a group is a "definite change"
- The importance of the Programme in helping the participant to feel better and more included amongst his peers, because peers were attending training programmes
- More interested in appearance and healthier eating habits
- Showing more independence
- Small shifts in behaviour that mean a lot in the context of the family, for example talking a bit more, engaging a bit more in family life and therefore parents were more hopeful for further progression to education and employment

The Programme included an exercise on gratitude (where the men were encouraged to express appreciation to people they were close to) and parents commented on personal positive feedback given to them following this exercise which was emotional and important to them. One parent said this feedback supported the connection between them and their son.

#### 4.5 Agency Feedback

The referring agencies consulted were very positive about the Programme and reiterated the need for it in Kildare. Overall the comments included: *"A solid structure"*, sufficiently flexible to respond to the young men involved and a *"very powerful programme"*. Agencies that referred to the programme could see the benefits and one agency said, *"The programme works, the young people attending it really benefit."* However, some agencies said they did not have the role or type of relationships with the young men that would enable them to explore the benefits of the Programme with them or discuss mental health more generally.

In relation to the design and implementing the Phase 3 Programme they highlighted the interagency group worked together very well in responding to the needs of the participants and the delivery of the Programme. They felt the interagency approach which was compared to a Tusla Meitheal type approach was essential because the cohort in their experience can be hard to reach and very disengaged from services. The young men involved had a range of differing needs that could not have been met by one agency. The young men benefitted from the breadth of experience in all agencies. They also stressed that the response time to deliver a Phase 3 was very short, however they met the timeline together. There are challenges to agencies working together in delivery; however, they felt that they were successful because they kept the needs of the young men (and not the agencies) at the centre of their decisions.

They emphasised the investment of time, energy, effort and resources required to complete the work undertaken in Phase 3, but they were equally clear that this is what it requires to successfully work with the cohort involved. They said the numbers in the Phase 3 (8) were low, but emphasised that this was not in their view the best measurement of the Programme. Their experience is that getting buy-in takes time. To continue the level and type of interagency work required they said agencies would have to make a commitment to the Programme and resource allocation at a senior level. Some agencies also raised broader issues relating to the delivery of mental health services and services to the 18-24-year-old age group and these are covered in the Conclusions in Section 6.

## 5. Inter-Agency Structures and Funding

**The Heads Up Programme for Young Men has a dedicated interagency Youth Steering Group, which provides guidance for and expertise to the Programme. The agencies involved were: Kildare Youth Service, Foróige, Probation Service, The Hive Youth Hub, County Kildare LEADER Partnership, Children and Young Peoples Services Committee and South West Regional Drug and Alcohol Task Force. This membership represents a very broad range of agencies. The membership also includes a past participant of a Heads Up Programme.**

### 5.1 Interagency Structures

There was a clear role description for the Youth Steering Group. They met four times over the course of the Phases 2 and 3 of the Programme. They met in January 2019 specifically to respond to the needs of the participants and to develop a plan to extend the Programme. This resulted in the Phase 3 Programme. The Youth Steering Group also met to review the key draft finding of this evaluation in April 2019.

Governance for all Heads Up Programmes is provided by the county-wide Heads Up Interagency Advisory Group. The IAG has 14 members and is chaired by a manager from HSE Primary Care (CHO area 7). The Manager for the Heads Up Programme along with the administrator also attend both the Youth Steering Group and IAG meetings. Heads Up also has an active Practice Group and a Governance and Finance Sub-Group which have briefs for all Heads Up Programmes.

County Kildare LEADER Partnership host and manage the Heads Up Programmes including the Heads Up Programme for Young Men. They employ the staff member/s, source funding and work closely with the County IAG. They have hosted the programme since July 2017.

Three Partnership Companies within CHO7 are delivering the general Heads Up Programme. At the request of the HSE, these Partnership Companies now draw down funding under a Memorandum of Collaboration Agreement. The group of three Partnerships have a role in oversight for Heads Up Programmes. Their Memorandum outlines an oversight role alongside the role of this group in quality control.

### Governance Structures Diagram





## 5.2 Funding and Resourcing

Core funding for the Heads Up Programme now comes from HSE Mental Health in CHO 7. Heads Up Kildare is to receive approximately €120,000 in 2019, the requirement to run the current Programmes is approximately €160,000. The Heads Up Programme for Young Men 18-24 years is funded through QCBI Innovation fund of the Department of Children and Youth Affairs and Healthy Ireland funding through Kildare Local Community Development Committee (LCDC), the Kildare Children and Young Peoples Services Committee (CYPSC).

***Heads Up Kildare is to receive approximately €120,000 in 2019, the requirement to run the current Programmes is approximately €160,000.***

Core HSE programme funding does not extend to the development or delivery of the Heads Up Programme for Young Men. Heads Up Kildare has a brief to innovate and in general the point was made in consultations that the HSE funding does not cover this innovation.

A range of agencies provide funding and resourcing for Heads Up Kildare: HSE, DCYA, HI, CYPSC, LCDC but many provide other resources. Agency-staff deliver sessions on the Programme, particularly for Phase 3 where agency staff worked as core delivery staff for the Programme. They also support the young men's transition into their services and provide support from there. As outlined above agency staff are members of the Programme structure including the Steering Group for the Programme. Agencies also released staff to attend introductory workshops at the commencement of the Programme.





## 6. Conclusions

**The Heads Up Programme for Young Men (18-24 year old) has clearly demonstrated that there is a need for community based early intervention supports for this age group in Kildare (61 referrals across the Programmes). It also comprehensively demonstrates that implementing interventions and programmes for this harder to reach cohort of young people requires co-ordinated inter-agency approaches at delivery level.**

It demonstrates that some young men who experience a range of health, mental health and social challenges are willing to engage in well-run programmes that help them to develop skills, confidence and knowledge and to plan their progress. The Programme highlights the challenges, but also the benefits of delivering a group programme for this cohort. It shows the importance of peer-group relationships and the young men's openness to working with trusted adults.

The feedback on the Programme was very positive across all stakeholder groups: participants, parents, referring agencies, those involved in the interagency structures.

The Programme reached its objectives. However, critical learning was that to reach the Programme objectives an additional 10 weeks (Phase 3) was required. The Heads Up staff team and agencies involved responded in an extremely flexible and responsible manner in delivering this needed programme extension. This additional 10 weeks could only be delivered in collaboration with partner agencies, which is a testament to the relationships built through Heads Up.

The objective relating to parenting was not explored during the programme as none of the participants were parents. However, given the high number of lone parents and the unusual trend of increasing numbers of teen parents in Kildare it would be useful to both retain the objective and explore other initiatives for this cohort.



## Programme

The modules have a strong national and international evidence base. Mojo, the predecessor of the Heads Up Programme, and Heads Up Kildare, which are the basis for the Programme for Young Men, have been substantially evaluated at local level.

In terms of Programme content this evaluation highlights the benefits of a flexible and responsive Programme for this age group with the young men's voices heard in programme design. However, if the Programme builds scale, it will need to consider the benefits of its flexible, youth work approach versus the delivery of and fidelity to a standardised, licenced Programme.

There is a large body of research showing that sports and physical activity have a significant impact on the mental health of young people. The Programme feedback particularly highlighted the benefits of the sports component of the Programme and of integrating physical, mental and emotional health within the Programme.

From a review of the materials and the consultation process it was clear that:

- The Programme was well understood as community based, short term, low threshold and innovative
- The adjustments to the Programme design and implementation to make it suitable for younger participants were overall well thought through and effective
- It was seen to be of a very high standard and quality, maintaining previous strengths in preparation, planning, protocols, development, recruitment and selection, interagency working and structures, co-ordination and management and communication
- The material for the course is also organised, extensive and readily available for review
- There was a comprehensive pre-programme plan – from evidence of need for the Programme right through to evaluation and transfer of learning, however it is less clear how the learning is captured at agency or CHO level.
- There is a learning cycle or active research: with feedback and recommendations incorporated into the Phase 2 and 3. Particularly the quick interagency response and resourcing to establish Phase 3 was very successful.

The facilitators and trainers were highly experienced in their fields, well qualified and effective. They received particularly positive feedback from the participants and the stakeholders more generally. Stakeholders highlighted their dedication, persistence, connection to and genuine care for the participants. The staff team's experience that the Programme could be effective in reaching the outcomes, encouraged young people to attend, agencies to refer and the general positive views about the Programme. The strong work ethic of the team members was noted by a number of stakeholders. Heads Up has a strong team approach, led by the Manager. The team clearly share values relating to: the potential for recovery; keeping the young person at the centre of all decisions; wrapping services around the young person and not leaving anyone behind.

## Referrals and Partnerships

Although there were a substantial number of referrals there were also substantial challenges in translating the referrals into Programme participants. 28 participants benefitted from Phase 1, Phase 2 and Phase 3 Programmes. There were also challenges with retaining young men on the Programme.

There were a substantial number of referrals and all Programme participants from Phase 2 and Phase 3 came from agency referrals i.e. not self or family referrals. Agencies said that referrals to the Programme will increase as it becomes more established. In their experience engaging young men in this hard to reach group in programmes and services is extremely difficult for all agencies and will continue to be challenging for Heads Up. This engagement challenge is to be expected and highlights the need for the Heads Up Programme.

Although the Heads Up team did extensive work with agencies, there is further potential for developing referral pathways. There were no GP referrals for example, although GP's are commonly understood as the first point of contact. Given the well-established link between mental health and unemployment strengthening relationships with the YEP and employment services could be considered. YEP works with the same age group, providing tailored flexible supports. The YEP in Athy linked with over 100 young people in a 12-month period, making it a potential partner for Heads Up.

Along with a youth mental health worker, KYS have an established Youth Counselling Service. The Counselling Service has experience with this older cohort and most of their referrals are not internal from KYS but from self-referrals or agencies. They worked with 350 young people in 2017. They noted the difference in attendance by gender, with more women of this age group attending. However, there were 22 young men in the 18-24 age group.

### Agency Contribution and Interagency Working

A number of agencies contributed to the Heads up Programme for Young Men because they see mental health and wellbeing as a key part of their work and a cross-cutting challenge for all agencies. They contributed staff time to Programme delivery, to partnership structures and to continuing to support the young men post the Programme. Many noted that the level of contribution as the Programme progressed (Phase 3) was substantial. Some noted that for this level of contribution to continue it would require a commitment at senior level in their organisations combined with substantial core funding. The agencies are to be congratulated for their understanding of mental health as a key component in their work, for social inclusion and progression and for contributing considerable time and resources on that basis.

### Measurements

The Programme shows significant immediate benefits, which were documented through well-established, evidence-based evaluation tools along with a range of less formal written feedback methods. Outcomes included:

- All participants reported significant improvements in terms of **physical health and self-care**, including healthy eating, better sleep patterns and handling stress
- Their ability to **solve problems** increased throughout the Programme
- The vast majority identified improvement in wanting to **work** and exploring options
- The vast majority felt more equipped to manage their own **mental health**
- The vast majority were more aware of their **addictive behaviours**
- **Trust in themselves** and others was building throughout the Programme
- **Social networks** were expanding and there was an appetite for more

- The participants had made what they considered to be **positive relationship changes**
- **Identity and self-esteem** had significantly improved

At the end of Phase 3 the participants in the main had identified progression pathways, relating more directly to education, training and employment, including returning to college, volunteering and training. The agencies were continuing to connect with and support the young men at the close of the Programme. This was a major success for the Programme.

The Programme would benefit from more consistent use of its standardised measurement tools. For example, using Recovery Star throughout the Programme and particularly using it at the end of the Programme (Phase 3). The Programme could also utilise measurement tools as part of the assessment process, ensuring that the potential participants fit the Programme criteria. Heads Up could also increase its capacity to measure longer term outcomes.

### Services and 18-24-year olds

Although the importance of intervention for young people who are transitioning from adolescence into adulthood is scoped out in policy, it was clear that the young men had moved away from many of the stable services and supports in their lives. A number of services and parents consulted said that adult services were less suitable for the age group and some noted the challenges of transition from child to adult mental health services. Parents also found it difficult generally to locate supports in Kildare.

### Funding and Resources

Sustainable core funding is critical for the Programme. The majority of evaluation interviews took place at a time when the lack of core funding was impacting on the Programme. This, for example makes it difficult for trainers (central to the success of the Programme) to plan based on their work with the Programme. Substantial time was being used by the Heads Up Manager and IAG members in seeking funding and support to continue the overall Programme. As this evaluation was coming to an end, the HSE committed resources to Heads Up in CHO 7. Kildare was allocated €120,000 for 2019. While this was very welcomed it is lower than the overall cost to run the current number of general Heads Up Programmes. It does not cover the cost of innovative Programmes or the interagency working, particularly at the level required for the Heads Up for Young Men.



The funding for the Heads Up Programme for Young Men was made available through DCYA QBCI funding and HI funding available through CYPSC and LCDC.

Whereas the agencies interviewed were open to providing resources and staff time to the Heads Up Programme for Young Men, some expressed the view that it required sufficient core funding to sustain and plan the Programmes. Some, noted Kildare's low level of funding more generally and the lack of options outside of the Heads Up Programme in Kildare, making the Programme **particularly important in the context of Kildare as a young County**.

It was noted that Kildare made an application for a Jigsaw service in the past but was not successful. In consultation it was noted that Kildare did not make further applications for Jigsaw or equivalent, but agencies were unclear why this was the case or why Kildare, with its young population, had not benefitted in a similar way to other counties or other areas within CHO7 (Tallaght and Clondalkin). This was particularly relevant at the time of the evaluation as an evaluation of

Jigsaw was just published. This evaluation supported its expansion in line with the policy on early interventions to reduce escalation to CAMHS and AMHS and as part of the expanded national budget for youth mental health. At the close of this evaluation two new sites have been agreed Wicklow (2019) and Tipperary (2020).

### **Policy**

The evaluation clearly established that the Heads Up Programme for Young Men Aged 18-24 Years is under-pinned by a range of National Policy. Health policy supports early intervention programmes for young people at primary care or community level. It confirms that hard to reach groups need targeted interventions and makes the case for prioritising vulnerable groups for mental health and suicide prevention initiatives. Increasingly policy is highlighting the interdependence between mental health and other areas, addiction, social inclusion, physical health, education and progression. The strong interagency approach taken throughout the Programme is confirmed in policy as the best practice for delivery of youth mental health initiatives.



## 7. Recommendations

### 1. Secure an appropriate level of core funding and agency commitment to continue to deliver the Heads Up Programme for Young Men aged 18-24

- Heads Up Kildare requires stable sustainable funding for its general Programme with additional secure funding to enable it to continue to roll out Programmes for this cohort. The Programmes for 18-24-year olds needs to respond to the more complex and diverse needs of this age group, including: delivery over a longer time period; additional supports; continued innovation; support for the vibrant interagency work underpinning the Programme. This additional funding will need to be quantified.
- Equally the Heads Up Programme for 18-24-year olds requires agency commitment at a senior level to release the staff required for interagency working and particularly for Programme delivery at the substantial level required for this cohort. Again, these additional hours for delivery will need to be quantified.
- As interventions and programmes at community level for this cohort are needed within the county, it would be beneficial for agencies to recognize or continue to recognize this need and the Heads Up Programme for 18-24-year olds in particular in their plans and literature. For example: HSE Mental Health CHO Operational Plans and the Connecting for Life implementation plans which would assist in establishing the programmes fit within the health service.

### 2. Further interagency planning for youth mental health needs in the county

The Programme was important in drawing more focused attention to broader mental health needs and service gaps for 18-24-year olds in the county. It would benefit this cohort if the agencies worked together to plan for youth mental health, bringing together a number of strands including:

- Establishing the place of Heads Up within mental health services provision in the County.

- A renewed joint application for Jigsaw. Kildare fits the criteria for application given its young population, level of need and partners that are ready to collaborate. This could be led by the HSE and co-ordinated through current interagency structures.
- The Connecting for Life implementation including the planned scoping exercise on mental health services.
- The CYPSC continuing focus on youth mental health.
- KYS including youth mental health staff and their counselling service.
- The recruitment of the lead for Youth Mental Health within CHO7.

### 3. Further interagency planning for 18-24-year olds in the county

The Programme has put a useful focus on the needs of vulnerable 18-24-year-old men and the potential for them to fall through the agency net at this critical period in their lives. In doing so, it highlighted that this cohort of young men would benefit from further collaborative working. This could be co-ordinated through current structures for example the CYPSC.

### 4. Make the following changes and additions to any future Heads Up Programme for Young Men Aged 18-24 Years

#### Programme

- Extend the length of the Programme to support the needs of young participants and to ensure they have identified their progression path and are ready to engage with other agencies and supports.
- Scope out the need for a more standardised and licenced programme.
- Continue to review the policies and procedures for the younger age group involved. In particular, review the policy in relation to substance misuse.
- Highlight the benefit of the programme for 'transitions,' and its role in ensuring that young men don't disconnect from services and supports at a critical stage in their lives.



### Referral Pathways and Assessment

- Further develop the referral pathways and partnership, including GP, youth agencies and working with the new interagency structures in Athy to address the particular challenges with engaging young men from the town.
- Scope out the tools for use at the pre-programme or assessment stage, to ensure that the participants are suitable for the Programme.

### Data and Measurement

- Develop a more comprehensive data system to support further data collection and analysis.
- Use the key measurement and evaluation tools more consistently at the end of the Programme.
- Introduce measurement and evaluation of the physical activity and sports modules.
- Increase the capacity of the Programme to measure longer term outcomes.

### Programme Developments

- In partnership with other agencies, review the increasing emphasis on digital or online mental health supports, given the developing work in this area.
- In partnership with other agencies, consider how gender specific interventions should develop in the context of LGBTI policy.

### Programme Structures

- Further clarify the different roles of the Kildare Heads Up Interagency Advisory Committee and the Oversight Group.
- Include representation from the youth sector on broader Heads Up structures.

## 5. Scope out the potential for additional Programmes

While not part of the overall evaluation, a number of agencies highlighted the potential for providing additional programmes for specific target groups:

- A Heads Up Programme for the Migrant Community
- A Heads Up in collaboration with the South Western Regional Drugs and Alcohol Task Force, with a focus on the relationship between addiction and mental health
- A Heads Up Programme for Women

### ACKNOWLEDGEMENT

I would like to thank the programme participants, parents, staff and agency personnel who readily gave their time to the development of this report, through responding to information requests and engaging in the consultation's interviews and focus groups.

## 8. Appendices

### Appendix 1: Policy relevant to the Programme

#### 1) National Health Service: Sláintecare

The Oireachtas (cross party) Committee on the Future of Healthcare set out a long-term vision and policy direction for the health and social care system over the next decade. The Committee published its report, **Sláintecare**, in May 2017. Key components relevant to this report include:

- Care provided at the lowest level of complexity, for example in the community and not in hospitals
- Integrated care, including integration within the health services
- Earlier and better access to mental health services and the *enhancement of community mental health services*
- The implementation plan also commits to an additional €35m to develop mental health services in 2018 with €55m additional funding agreed for 2019

#### 2) Youth and Mental Health

**Better Outcomes Brighter Futures**, 2014-2020 is the DCYA led national policy framework for children and young people. Its aims include improved mental health of young people, ability to make *positive choices and healthy approaches to relationships* and sexual health. It also supports earlier interventions and prevention. The Heads Up Programme for Young Men aged 18-24 is in line with all five of the BOBF outcomes which relate to: Health/Mental Health, Achieving Full Potential/Learning, Safe and Protected, Economic Security and Connected, Respected and Contributing to their World.

The following themes were found to be significantly related to key mental health indicators, as measured by the **My World Survey**, National Study of Youth Mental Health in Ireland: 'One Good Adult' is important in the mental well-being of young people. Excessive drinking has very negative consequences for the mental health and adjustment of young people. Young adults' experiences of financial stress are strongly related to their mental health and well-being. Rates of suicidal thoughts, self-harm and suicide attempts were found to be higher in young adults who did not seek help or talk about their problems. Talking about problems is associated with lower mental health distress and higher positive adjustment.

My World Survey highlights that the highest rate for self-harm in males was in the 20-24 age group (Perry et al., 2012), *"the experiences of a 16-year-old differ greatly from those of someone aged 20 or 21.....which seems to make a clear argument for the tailoring of support services, even within the 'youth and adolescence' bracket"*.

The **National Youth Health Programme** Statement of Strategy 2018-2022 is a partnership document: National Youth Council, DCYA and HSE. It recognises health as an important cross sectoral area that is central to social inclusion. The programme is aimed at building capacity within the sector and advocating on issues that impact on health and wellbeing of young people. *Support for evidence informed programmes* which enhance the health of young is a key strategic theme.

Recognising the complexities of engaging young men, the National Youth Council of Ireland also run training programmes: **Connecting with Young Men; Engaging Young Men In Mental Health and Wellbeing**.

Pathfinder Projects are set up to enable whole of government approaches to cross cutting policy challenges and complex areas like youth mental health, where responsibility lies across a number of departments and agencies. The **Youth Mental Health Pathfinder Project** team involved staff from the Department of Health, Education and Children and Youth Affairs along with the HSE. There is a process report available from Pathfinder, however the **recommendations of the group (including recommendations in relation to services and supports for the 18-24-year olds)** seem to be only available to the members of the Pathfinder group (this includes HSE).

The **National Youth Mental Health Task Force Report 2017** highlights the need for more supports for youth mental health, particularly at primary care level. In turn, this would ease the pressure in the HSE tertiary services and improve waiting times. It recommends the provision of safe, *'youth friendly' spaces, and facilities* that are conducive to promoting good mental health along with access to qualified mental health care in the community. It recommends that the HSE should establish a National Lead for Youth Mental Health and a Lead for Youth Mental Health in each CHO area to address service gaps and coordinate service provision. Also, to work with agencies to co-ordinate services, identify blocks and introduce appropriate interventions in primary care.

**A Vision for Change**, 2006 is the national mental health strategy, however the undated framework is expected to increasingly focus on *flexible, community-based services*.

The Mental Health Commission is the regulator for mental health services. In their **2017 Annual Report** highlights understaffing i.e. CAMHS team on average have only 60% of the staff recommended in A Vision for Change along with excessive waiting lists. They also highlight underfunding and differences in funding and practices across the country. In relation to CHO 7 there are challenges noted for example relating to provision of out of hours services for young people. However, the staffing and funding levels for CAMHS for example, are above average per capita.

**The CHO7 Operational Plan for 2017, Mental Health Section**, highlights the comparable funding with Kildare and West Wicklow, stating that it *"is significantly under resourced in comparison with services serving similar populations nationally and, as a consequence, each facet of the service operates under severe pressure"*. This includes Community Services which are *"under resourced to deal with the needs of the catchment"*. It also states that the need to address the deficit by working with the National Mental Health Division. **The 2018 Operational plan** states that despite the significant investment in mental health service in the Area, *"this has not addressed the gap between resourcing of service in CHO 7 and comparable services nationally"*. *"Services generally remain underfunded in comparison with national norms and significant risks remain ..."* It also notes reliance on once off funding that will not be available to the same extent in 2019.

Along with staffing to provide the range of services the plan includes:

- Improved Early intervention and youth mental health, including development of Jigsaw in Tallaght and roll out of services across the CHO
- Improved Community Based services
- Area Fora for mental health service users voices
- Implementation of the CFL Plan, including suicide awareness with a focus on young people
- Continued development of the Eating Disorder Clinical Programme



**The Independent Review of the Jigsaw Service Model** 2018, funded by the HSE, supports a collaborative approach to mental health literacy. There are twelve Jigsaw sites across the country. The Jigsaw model has changed, making its establishment more straightforward; however, it does require collaborative cross agency work. Jigsaw have a range of mental health professionals, providing short term interventions that include goal setting and can engage with family members. Key to the Programme and Kildare more generally, it supports the *roll-out of more Jigsaw sites, with an emphasis on areas with the greatest need and where partners are ready to collaborate*. Tallaght Jigsaw as an example are seeing an increasing number of 18-24-year olds. This age group now makes up approximately one quarter of their client group.

**The LGBTI Ireland Report** and included data sets show the additional mental health problems for LGBTI people, including higher rates of severe stress, anxiety, depression, self-harm and attempted suicide. **LGBTI+ Youth Strategy**, 2018-2020 concentrates on *supportive, inclusive, safe environments* and the improvement of physical, mental and sexual health. It commits to *early intervention initiatives* to reduce the risk of mental health problems for LGBTI+ young people, including suicide and self-harm.

The **National Youth Strategy**, 2015-2020 (DCYA) prioritises youth health (physical, mental and sexual).

The **National Sexual Health Strategy** 2015-2020 notes that young people in particular should receive sexual health education alongside prevention services.

Let's Get Walking, **National Physical Activity Plan** notes the significant evidence that physical activity of moderate intensity *promotes wellbeing and physical and mental health*, prevents disease, improves quality of life and has *economic, social and cultural benefits*. The **Irish Sports Monitor** shows that levels of participation in physical activity are stronger in higher income groups. Therefore, a particular focus is required in *disadvantaged areas*. A Healthy Weight for Ireland: **Obesity Policy & Action Plan** (2016-2020) notes that obesity is more prevalent in *disadvantaged areas* and highlights the "well-established" link between obesity and mental ill-health.

At county level, **Kildare Children and Young People's Service Committee** (2018 plan being finalised) however, it prioritises youth mental health and the need for additional services and supports) 2015-2017 Plan reflects the national position by identifying mental health as a key priority. Specifically, it commits to *increase the range of supports available to children, young people and families affected by mental health issues*. It particularly emphasises mental health programme with an evidence base. Also (three years ago) the remit of the CYPSC extended to include *18-24-year olds*.

**Kildare Sports Partnership Plan** (2017-2021) also prioritises mental health, disadvantage and young people.

Note: The National Mental Health Promotion Plan is due in 2019

### 3) Self-Harm and Suicide Prevention

Self-harm figures come from the **National Self-Harm Registry Ireland**. This data is based on individuals who present with self-harm to hospital Emergency Departments. The highest rates of self-harm are consistently seen in *young people*. The recent figures show that between 2007 and 2016 the rate of self-harm in young people aged 10-24 years *increased by 22%*. This is particularly striking when compared with trends in the overall population during the same time. There was also an increase in the use of highly lethal methods of self-harm among young people.

According to the National Self-Harm Registry report there is limited formal interaction between child and adult services and many young people who reach the upper age limit of child and adolescent mental health services (CAMHS) are not referred to adult services, despite ongoing needs. *Therefore, young adults may represent an unmet need in terms of clinical services and appropriate mental health promotion interventions. "Furthermore, both evidence-based mental health programmes and appropriate referral and treatment options are crucial to address the needs of young people in the key transition stages between childhood and adolescence and into adulthood".* (NSHR Report 2017)

The link between suicidal behavior and social inequalities is also apparent, with rates of self-harm highest in areas with high levels of deprivation. "... strong association between rates of self-harm and area-level deprivation ...." (NSHR Report, 2017)

**The Self-Harm Data by LHO for Suicide Resource Area: Kildare West Wicklow** provides more local data. For example, in 2016 drug overdose was the most common method of self-harm, involved in 68% of presentations (n=379). Alcohol was involved in 31% of presentations (n=176).

Ireland's national suicide prevention strategy, **Connecting for Life 2015-2020**, sets out a vision of fewer lives lost through suicide, and communities and individuals empowered to improve their mental health and wellbeing. It identified vulnerable, evidenced based priority groups which need to be targeted at national and CHO level. Of relevance to the Heads Up Programme are: *People with mental health problems, those who have engaged in repeated acts of self-harm, people bereaved by suicide, people who have alcohol and drug problems. Also, people from minority groups: LGBTI+, the travelling community, homeless people, people in contact with criminal justice system as well as young people and disadvantaged people. Several risk factors act together to increase an individual's vulnerability to suicide. Situational issues include a sense of isolation and low social supports, alongside the stigma associated with seeking help.*

Of the 425 confirmed suicide deaths in Ireland in 2015, 79% were men. This high male-to-female ratio has been a constant feature of deaths by suicide over the years. The CFL strategy prioritises men, young people, unemployed men, travelling community, and socially isolated men in rural areas and in particular men in distress and/or engaging with the mental health services.

It is important to note that the presence of risk factors does not necessarily lead to suicidal behaviour, for example, only a minority of people with a mental disorder will die by suicide.

This approach to focusing on priority or vulnerable groups is cascaded down into the **Connecting for Life 2018-2020 Strategy in Kildare / West Wicklow**. The Heads up Programme for Young men aligns with many of the Strategy's objectives, for example in *promoting physical activity* as a protective factor for mental health through the National Physical Activity Plan. Through *increased awareness of available* suicide prevention and mental health services alongside this the CFL plan commits to the roll-out of drug intervention and prevention programmes. Direct alignment with the strategy is outlined below.

**GOAL 2: To support local communities' capacity to prevent and respond to suicidal behaviour**

- 2.1 *Improve the continuation of community level responses to suicide through planned, multi-agency approaches.*
- 2.3.3 *Deliver a range of mental health promoting programmes in community, health and education settings aimed at improving the mental health of the whole population and priority groups.*

**GOAL 3: To target approaches to reduce suicidal behaviour and improve mental health among priority groups**

- 3.1 *Improve the implementation of effective approaches to reducing suicidal behaviour among priority groups.*
- 3.1.2 *Develop and implement a range of agency and inter-agency operational protocols (including protocols for sharing information and protocols in respect of young people) to assist organisations to work collaboratively in relation to suicide prevention and the management of critical incidents.*
- 3.1.6 *Continue the development of mental health promotion programmes with and for priority groups, including the youth sector.*
- 3.2 *Support, in relation to suicide prevention, the Substance Misuse Strategy, to address the high rate of alcohol and drug misuse.*

## 4) Healthy Ireland

Healthy Ireland (DOH, 2013) is the national framework to improve health and wellbeing. It supports the *alignment of a range of strategies and remits* to strengthen resilience and the health and decision-making capacity of young people. Of relevance to the Heads Up Programme it aims to:

- Implement evidence-based prevention and early intervention initiatives focussed on *areas of disadvantage*, drawing *evidence* from the prevention/early intervention programmes (2.8).
- *Combine mental health promotion programmes with interventions that address broader determinants and social problems as part of a multi-agency approach, particularly in areas with high levels of socio-economic deprivation and fragmentation* (2.13).
- Support and link existing initiatives that aim to improve the decision-making capacity that strengthens self-esteem, resilience, respond to social and interpersonal pressure (3.1).
- Address and prioritise health literacy in developing future policy (3.8).
- Ensure that community-based programmes and projects are oriented to promote *healthy behaviours* and disease prevention to populations and communities at greatest risk (4.8)
- Promote a skilled, diverse, cross-trained prevention workforce (4.9)
- Examine models to support the provision of evaluation support and advice, particularly for smaller-scale initiatives and community development programmes (6.9).

At local level the CHO Healthy Ireland plans supports the Connecting for Life Strategy, the HSE National Health Men's Action Plan (which aims to develop new mental health initiatives for risk groups of men, specifically mentioning the programme, see below) and states that mental health is an important strand of the CHO 7 Healthy Ireland Plans. The Heads Up Programme for Young Men is well integrated into the HI plans and materials, supporting collaboration and connection.

## 5) Men's Health Policy

The survey of organisations in the field of mental health, suicide prevention and experience of working with young men (Report from the **All Ireland Young Men and Suicide Project**, 2013) showed the need for more resources, partnership working and *relevant, effective, and targeted programmes for young men*. The All Ireland Report indicates that the policy direction –to focus on young men – is correct, however, there is less evidence that it has happening on the ground. It states a challenge as *“absence of services and programmes that are specifically targeted at them”*, including community-based programmes and safe spaces. It states a focus is needed on:

- Programmes for *more vulnerable* and at-risk boys and young men, including early school leavers.
- *“Consulting with, and involving, young men in programme development and programme delivery.”*
- *Not missing windows of opportunity* to engage them, e.g. returning calls, immediate responses
- *“Regular contact (telephone, letter, use of social media), and follow-up support directed at high-risk groups, has been found to be an important contributory factor to reducing suicide rates and reducing the number of repeat suicide attempts.”*
- *“Perseverance in working with young men”.*

The **Action Plan for Men's Health (Healthy Ireland) 2017-2021** highlights the *“breadth of evidence supporting and informing the need for a gender-specific approach”*. It re-iterates that evidence that inter agency co-operation is essential, including the benefits to the DEASP and the DOE.

There are significant differences in health outcomes between men and women and between different populations of men. The challenges include unemployment and particularly youth unemployment. Along with access to affordable housing, lack of secure jobs particularly among lower socio-economic groups of men - are increasingly associated with social exclusion and adverse health outcomes. Potential partners are government departments and agencies with responsibility for agriculture, employment, social protection and education and skills.

The Action Plan specifically commits to *“developing and implementing new initiatives that promote positive mental health among at risk groups of men”* and *“supporting the implementation and expansion of existing initiatives: Engaging Young Men, Mojo Project (now Heads Up in Kildare), 7 Key Questions. (Actions 2.4, 2.5)*

## 6) Substance Misuse: Drugs and Alcohol

**Reducing Harm, Supporting Recovery A health-led response to drug and alcohol use in Ireland 2017-2025**

*“Marginalised members of society and hard-to-reach groups may need targeted interventions, as equality of access does not always result in quality of participation or of outcomes.”*

The belief that there are significant blocks in the system for people who have both a mental health and addiction issue was a recurring theme in the consultations. It is clear that there is a frequent overlap with mental health and drug addiction, particularly in young people and therefore the need for synergies with mental health and HI initiatives and in treatment. It highlights the importance of social class *“in a gradual disengagement, early school leaving and consequent greater risks of substance misuse”*.

It quotes the 2013 Youth Drug & Alcohol Service (YodA) study of users of the service: *48% had a lifetime history of psychiatric disorders, with deliberate self-harm being the most common condition.*

It also focusses on the need for initiatives for higher risk groups for problem substance use including a recent national LGBTI study report highlighting that recreational drug use amongst LGBTI people is two times higher than in the general population. It also aims to develop synergies between *“Reducing Harm, Supporting Recovery and other relevant strategies and frameworks, in particular “Connecting for Life”, whose primary aim is to reduce suicide rates in the whole population and amongst specified priority groups”*.



**South West Regional Drug and Alcohol Task Force plans** reinforce the link between substance use and mental health. The 2016 Annual Report notes the research showing that *engaging men in mental health initiatives using traditional approaches has proven difficult*. It notes that the national focus includes innovative approaches to suicide prevention, recovery-oriented service and reflective practice. It also notes its ongoing support for the Heads Up Programme: *"It clearly aligns with international best practice in this regard and offers much to ensure that the vision publicised in Connecting for Life is realised."* It notes the programme's ambition for recovery, restoring the individual's independence built on self-concept, self-esteem and self-belief. Moreover, it provides opportunities to expand the evidence-base for suicide prevention specifically with men. By working with people and organisations within a community, it increases understanding of suicide risk and protective factors that improve mental health and reduce stigma. It therefore enables a community to respond to its members' needs and support them in difficulty. The report also references programme participants with significant issues with substance use and the on-the-ground interagency approach.

The report references the link to addiction as follows: *"Drug overdose was the most common method of self-harm, involved in 68% of presentations to EDs (n=352). This is just slightly above the national total of 65.7%. Alcohol was involved in 43% of presentations (n=223), which is significantly higher than the percentage presenting at national level with alcohol involved in the self-harm. At national level 32.6% of all cases involved alcohol."*

## 7) Social Inclusion and SICAP

The aim of SICAP (Social Inclusion and Community Activation Programme) is to reduce poverty and promote social inclusion and equality in Ireland through supporting communities and individuals using community development approaches, engagement and collaboration.

The recent review of the previous programme by the ESRI: **The Goals and Governance of the SICAP 2015-2017** highlights the results of the programme implementers' consultation on what drives social exclusion, i.e. that social exclusion is a multi-dimensional concept and that people who are socially excluded are likely to have *multiple needs, and these include mental health needs*.

The current programme goals are as follows:

**Goal 1:** To support communities and target groups to engage with relevant stakeholders in identifying and addressing social exclusion and equality issues, developing the capacity of Local Community Groups, and creating more sustainable communities.

**Goal 2:** To support disadvantaged individuals to improve the quality of their lives through the provision of lifelong learning and labour market supports. The cross-cutting themes include a strong focus on collaborative working.

The programme takes a wide definition of disability, for example where *"the broader socioeconomic complexities relating to disability are acknowledged and where mental health issues are often significant"*. The programme recognises that *"Engagement needs to be intensive and long-term for some SICAP clients. This could include working collaboratively with other organisations and agencies to address issues such as in the area of mental health ....."*

**SICAP Programme 2018-2022**

## Appendix 2: Phases of the Heads Up Programme for Young Men 18-24 years

Phases of the Heads Up Programme for Young Men 18-24 years				
Phases	Dates	Description	Location	Funder
Pilot Phase	January - March 2018	4 - week Programme 1 session per week	Kildare town Athy	LCDC CYPSC Healthy Ireland
Heads Up 18 - 24 yrs. Phase 1	September 2018	4 - week Programme 1 session per week	Kildare town Athy	Dept of Children & Youth Affairs - QCBI
Heads Up 18 - 24 yrs. Phase 2	October - December 2018	9 - week Programme 2 days per week	Kildare town	Dept of Children & Youth Affairs - QCBI
Heads Up 18 - 24 yrs. Phase 3	January - March 2019	10 - week Programme 2 days per week	Kildare town	Healthy Ireland

There were 61 referrals to the Heads Up Programme for Young Men 18-24 Years in total. 28 Young Men benefitted from Phase 1, 2 and 3 of the Programme.

## Appendix 3: WRAP

### (A) Sample WRAP Programme Session Plan

#### Session 5: Triggers and Decider Skills.

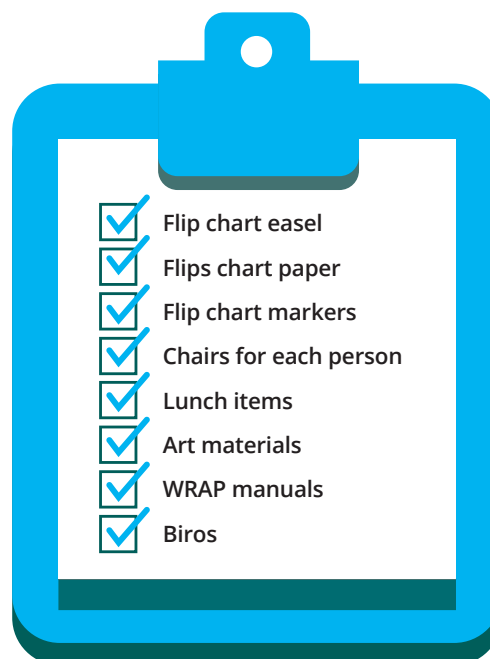
**Aim:** Explore external triggers that lead the men to feel a decline in their mental health. Develop an action plan to support recovery around the identified triggers.

#### Learning Outcomes:

The group will:

- Identify their individual triggers, how they present to them in their thought and in their body
- Record in their W.R.A.P. manuals their triggers and how they can effectively manage to maintain optimum mental health in these triggered moments
- For the men to get a sense of how being triggered is ordinary/normal versus something is wrong with them

#### Materials Needed:



11.00am
Welcome, outline of the session and Check-in
Reflect back to last week's WRAP Triggers, hand out the WRAP manuals
Create an action plan around the topic of self-support WRAP manual - Triggers Action plan

12.15pm
Decider Skills
1.30pm
Evaluation and check out
1.50pm
Physical Activity

**Proposed Process:**

**Check-in:**

**Note;** Ask each person to check-in by giving themselves a number (1-10) which reflects how they are feeling now.

**Instructions:**

On Heads Up Kildare we start and end every session by doing a check-in/out. When participants give themselves a number from 1 (rock bottom) to 10 (on top of the world) it lets the other participants in the group have an idea of how they are feeling. If someone is very low then it lets the group know, and that they might need a bit of space or support on the day.

**Trigger Action Plan:**

Create an action plan around the topic of triggers;

1. Invite the participants to explore how they might support themselves with an action plan for one or two of their triggers. Do this in the large group, brainstorm ideas.
2. Once there is a sense of the participants being focused on how they are able to write a plan for themselves, ask them to verbally share a few examples, clarifying any confusion.
3. Using small groups, give the participants the opportunity to explore in more depth their own triggers.
4. Invite the participants to plan how they can use a recovery approach to support their wellness on occasions they are triggered.
5. Invite the participants to record in their WRAP manuals.

**Decider Skills:**

To be facilitated by an external facilitator (Social Worker – Kildare Adult Mental Health Services).

**Evaluation:**

At the end of every Heads Up Kildare session the participants are invited to provide immediate feedback as to how they experienced the session. Using a flipchart divided in three, this feedback is garnered in the guise of 3 questions;

1. What have you liked/learned in this session?
2. What would you change/found difficult?
3. Identify one thing I will do today to support myself.

**Check-out:**

The participants are invited to give themselves a number based on the opening check-in scale, i.e. 1 being rock bottom and 10 being on top of the world which notes how they are feeling once the session is complete.

**Physical Activity:**

Physical fitness is one of the core elements of every Heads Up Kildare programme. This session involves the participants attending a gym with a qualified instructor and set initially at a gentle pace which builds as the weeks progress. The sessions are adapted where necessary to suit individual participant's needs.

**(B) WRAP programme timetable**

<b>9-week Heads Up Young Men's programme timetable 23rd October - 19th Dec 2018</b>		
<b>Week</b>	<b>Topics</b>	<b>Materials Covered</b>
<b>Session 1 23rd Oct 2018</b>	WRAP	Exploring language around mental health Introduction to mindfulness Recovery Star
<b>Session 2 31st Oct 2018</b>	WRAP Introduction to the 5 Key Concepts	Understanding the 5 fundamental principles of WRAP: Hope, Self-Advocacy, Education, Personal Responsibility, Support and what it means to the men as individuals. Identifying supports
<b>Session 3 7th Nov 2018</b>	WRAP	Understanding the components of the Recovery Star Reflecting on where they are at individually
<b>Session 4 14th Nov 2018</b>	WRAP Wellness Tools and Awareness of Daily Maintenance Plan - Sleep Hygiene	Wellness tools Exploring individual plans for daily maintenance Awareness of sleep hygiene
<b>Session 5 21st Nov 2018</b>	WRAP	'Triggers' - External events or circumstances that can lead us to feel uncomfortable. Triggers Action Plan Decider Skills
<b>Session 6 28th Nov 2018</b>	WRAP	Early warning signs – internal subtle signs that let you know you are beginning to feel worse. Early Warning Signs Action Plan Art Therapy
<b>Session 7 5th Dec 2018</b>	WRAP	Manage when things are breaking down or getting worse Action plan for when things are breaking down
<b>Session 8 12th Dec 2018</b>	WRAP	Crisis planning Post crisis planning
<b>Session 9 19th Dec 2018</b>	WRAP	Evaluation of programme and progression Recovery Star



#### Appendix 4: Life Planning timetable

<b>Life Planning: 9-week Heads Up Young Men's programme 23rd October - 19th Dec 2018</b>		
<b>Date &amp; Session No.</b>	<b>PART 1: 11am - 12pm</b>	<b>PART 2: 1.15am - 2.00pm</b>
<b>October 23rd Session 1</b>	Introductions / Background Getting to know one another	Contract
<b>October 30th Session 2</b>	Understanding Emotions - Naming Emotions, Body Mapping	Psychotherapist - Input Talking About Emotions
<b>November 6th Session 3</b>	Knowing Yourself - What makes you happy?	Who am I? Identifying Strengths
<b>November 13th Session 4</b>	Percussion Workshop	Boosting Self Esteem and Confidence
<b>November 20th Session 5</b>	Multiple Intelligence	Connecting with others Gratitude
<b>November 27th Session 6</b>	Problem Solving	Decision Making
<b>December 4th Session 7</b>	Emotional Intelligence - Understanding the feelings of others, Empathy - Appreciating others & Diversity	Addiction Development Worker
<b>December 11th Session 8</b>	What next? Moving Forward - Goal setting Plan for one-to-ones	KWETB - Adult Guidance Counsellor
<b>December 18th Session 9</b>	Needs Wheel evaluation of programme	Evaluation

#### Appendix 5 Mind Out Wheel Results Table – Key Areas of Change

<b>Mind Out Wheel Results Table - Key Areas of Change</b>												
<b>Areas Measured</b>	<b>Self-assessment placing on scale 23/10/18 (6 men)</b>						<b>Self-assessment placing on scale 18/12/18 (6 men)</b>					
	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>
<b>A. How I feel about myself</b>	5	4	8	6	4	A	5	6/7	10	A	6	9
<b>B. How I act and behave</b>	3	1/2	5	7	5	A	6	3	9	A	5	4
<b>C. How I get on with others</b>	10	6	6	8	6	A	7	4-6	9	A	7	8
<b>D. How I deal with problems</b>	3	2	4	4	3	A	4	7	9	A	7	5
<b>E. How I think about my future</b>	6	4	7	5	8	A	8	5	10	A	9	

## 9. References

- School of Psychology, UCD (2102). *My world survey, National Study of Youth Mental Health in Ireland (May 2012)*, College of Social Sciences and Law, School of Psychology, University College Dublin, Dublin
- Department of Health (2016). *The National Suicide Prevention Report for 2016*, Department of Health, Health Service Executive, National Office for Suicide Prevention, Dublin
- Department of Health (2015). *Connecting for Life, Ireland's National Strategy to reduce Suicide, 2015-2020*. Department of Health, Health Service Executive, National Office for Suicide Prevention, Dublin
- Department of Children and Youth Affairs (2018). *The National Youth Health Programme Statement of Strategy 2018-2022*, Health Service Executive, National Youth Council Ireland, Dublin
- Department of Health (2017). *The Action Plan for Men's Health (Healthy Ireland) 2017-2021*, Department of Health, Health Service Executive, Health and Wellbeing Division, Dublin
- Department of Health (2006). *A Vision for Change, 2006*. Department of Health, Health Service Executive, Mental Health Division, Dublin
- Department of Health (2016). *Report on Self Harm, Suicide resource area Kildare and WW, 2016*, Department of Health, Health Service Executive, National Office for Suicide Prevention, Dublin
- Department of Health (2016). *The LGBTI Ireland Report: National study of the mental health and wellbeing of lesbian, gay, bisexual, transgender and intersex people in Ireland, 2016* Department of Health, GLEN, et al
- Department of Health (2017). *Sláintecare Report, Houses of the Oireachtas Committee on the Future of Healthcare, 2017*. Department of Health, Dublin
- Department of Health (2017). *The National Youth Mental Health Task Force Report, 2017*. Department of Health, National Youth Mental Health Taskforce, Dublin
- Department of Health (2016). *A Healthy Weight for Ireland: Obesity Policy & Action Plan (2016-2025)* Department of Health, Dublin
- Department of Health (2013). *Healthy Ireland – A framework for improved health and wellbeing 2013-2025*. Department of Health, Dublin
- Department of Health (2015). *The National Sexual Health Strategy 2015-2020*, Department of Health, Healthy Ireland, Dublin
- Department of Health (2016). *Let's Get Active, National Physical Activity Plan, 2016-2025*, Department of Health, Dublin
- Department of Health (2013) *Youth Drug & Alcohol Service (YodA) Study 2013*, Department of Health, Health Service Executive, Dublin
- Department of Health (2017). *Reducing Harm, Supporting Recovery A health-led response to drug and alcohol use in Ireland 2017-2025*, Department of Health, Healthy Ireland, Dublin
- Department of Health (2018). *The CHO7 Operational Plan for 2018*, Department of Health, Health Service Executive, Mental Health Section, Dublin
- Department of Children and Youth Affairs (2014). *Better Outcomes Brighter Futures, The national policy framework for children & young people, 2014-2020*. Department of Children and Youth Affairs, Dublin
- Department of Children and Youth Affairs (2018). *LGBTI+ Youth Strategy, LGBTI: Young people: visible valued and included 2018-2020*, Department of Children and Youth Affairs, Dublin
- Department of Children and Youth Affairs (2015). *The National Youth Strategy, 2015-2020*, Department of Children and Youth Affairs, Dublin
- Department of Rural and Community Development (2015). *ESRI: The Goals and Governance of the SICAP 2015-2017*, Economic Social Research Ireland

- Department of Rural and Community Development (2018). *Social Inclusion and Community Activation Programme (SICAP) 2018 – 2022*
- Mental Health Commission (2017). *Annual General Report, including the Report of the Inspector of Mental Health Services (2017)*
- Kildare Children and Young Peoples Service Committee (2017). *Kildare Children and Young Peoples Service Committee Plan 2015-2017*
- Kildare Sports Partnership, Sports Ireland (2107). *Kildare Sports Partnership Strategic Plan (2017-2021)*
- Noel Richardson, Noel Clarke and Colin Fowler (2013). *All Ireland Young Men and Suicide Project: A report on the All-Ireland Young Men and Suicide Project 2013*
- Eve Griffin, Christine B Dillon, Niall Mc Ternan, Ella Arensman, Eileen Williamson, Ivan J Perry, Paul Corcoran (2017). *National Registry of Self Harm Report, 2017*. National Suicide Research Foundation
- *The Independent Review of the Jigsaw Service Model, 2018*, Community Consultants
- SWRDATAF (2016) *South West Regional Drug and Alcohol Task Force plan, 2016*
- National Youth Council Ireland (2018). *Connecting with young Men, engaging young men in Mental Health and Wellbeing, 2018*
- Rhona Gaynor et Al (2018). *15 Days: A practical guide to leading accelerated high impact collaboration in the Irish Civil Service (2017)* The Centre for Effective Services, Dublin
- O' Reilly et Al (2015). *Youth engagement with an emerging Irish mental health early intervention programme (jigsaw): participant characteristics and implications for service delivery*. Journal of mental Health
- "Irish sports monitor", Sports Ireland

## Notes

[illegible]





Rialtas na hÉireann  
Government of Ireland



Heads Up Kildare  
The Health Centre  
Henry Street  
Newbridge, Co. Kildare

Tel: 045-446357



An Roinn Leanaí  
agus Gnóthai Óige  
Department of Children  
and Youth Affairs

