my world.

UCD DUBLIN

JIGSAW
Young people's
health in mind

What contexts are linked to the mental health of young people in Ireland? Findings from My World Survey 2
Professor Barbara Dooley

myworldsurvey.ie

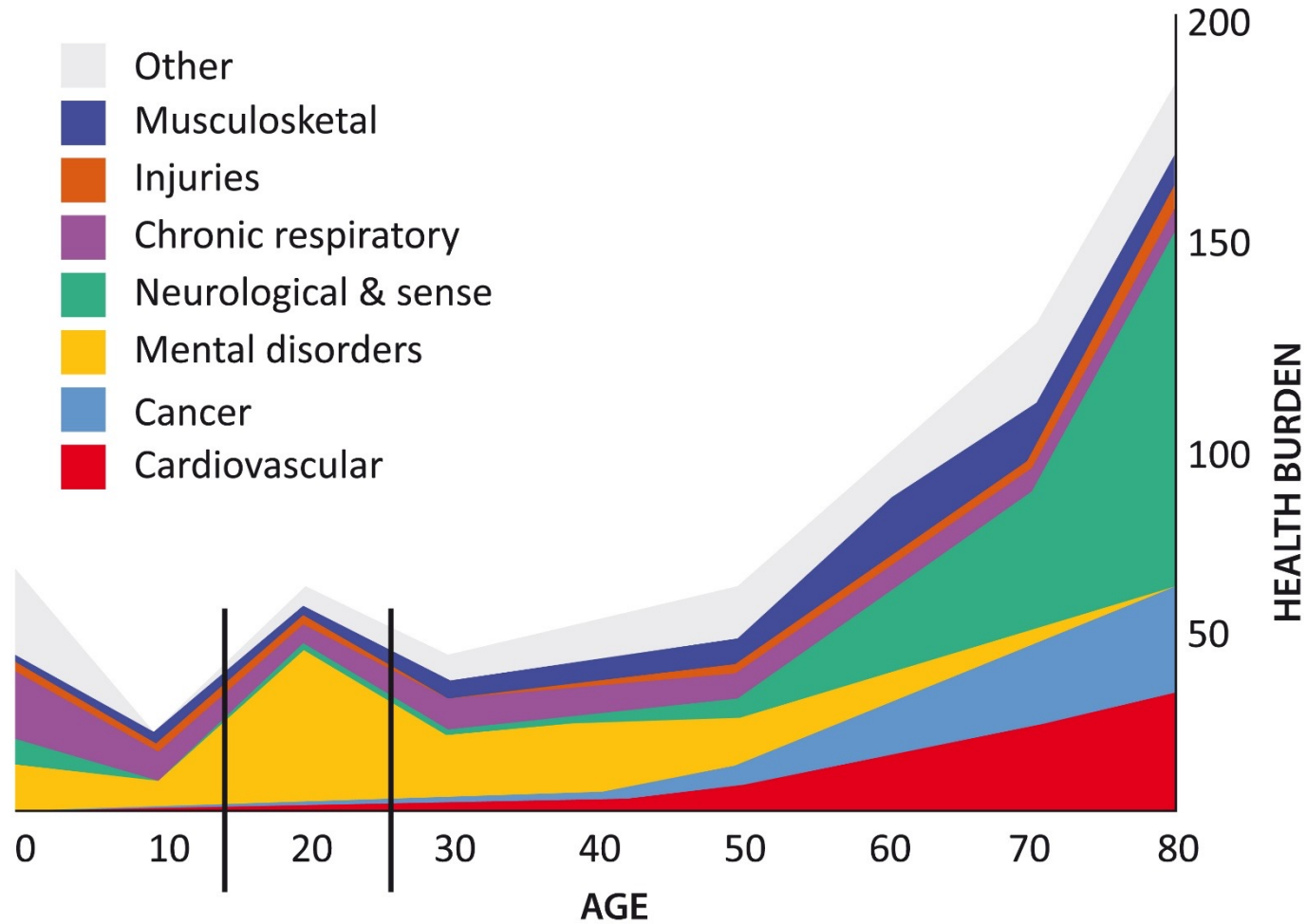# WHO Definition Mental Health

Mental health is defined as a state of well-being in which every individual realizes their own <u>potential</u>, can <u>cope</u> with the normal stresses of life, can work <u>productively</u> and fruitfully, and is able to make a <u>contribution</u> to their community.

Health Burden across the Lifespan
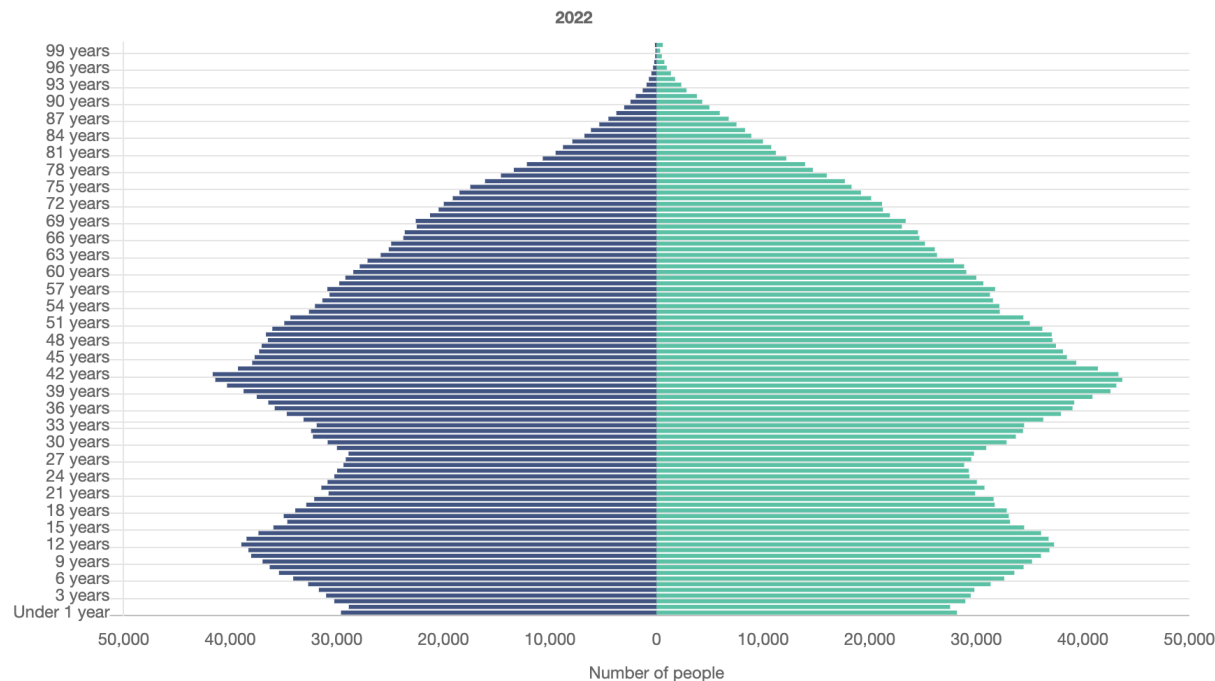
Why focus on youth mental health?

2022

Number of people

- Around 25% of the total global population is comprised of young people 10-24 yrs old (Abidi, 2017)
- In Ireland 33% under 2025 (CSO 2016)
- Adolescence and young adulthood peak time for the onset of mental health difficulties
- 75% of mental health difficulties that persist in adulthood emerge before age 25 (Kessler et al, 2007)

Department of Children, Equality, Disability, Integration and Youth (DCEDIY)

April 2023

Rialtas na hÉireann
Government of Ireland

S T A T I S T I C A L   S P O T L I G H T   #10

The Mental Health of Children and Young People in Ireland

This Statistical Spotlight collates available data on children and young people's mental health and mental health service provision in Ireland.

Looks at both risk and protective factors spanning the individual, psychological and social domains

Statistical Spotlight # 10

This Spotlight presents data on a number of protective factors – primarily self-esteem, optimism, happiness, life-satisfaction, social support, help-seeking behaviour, and problem-coping behaviour.

Prevalence of MH disorders

- Anxiety and depressive disorders accounted for almost two thirds (63%) of mental disorders for young people in Ireland in 2019 (Global Burden of Disease (GBD) Study, 2019)

- Compared to the EU 27, Ireland had a higher prevalence of anxiety disorders, A.D.H.D and depressive disorders among children and young people aged 10-24 from 2017 – 2019

Impact of Covid-19
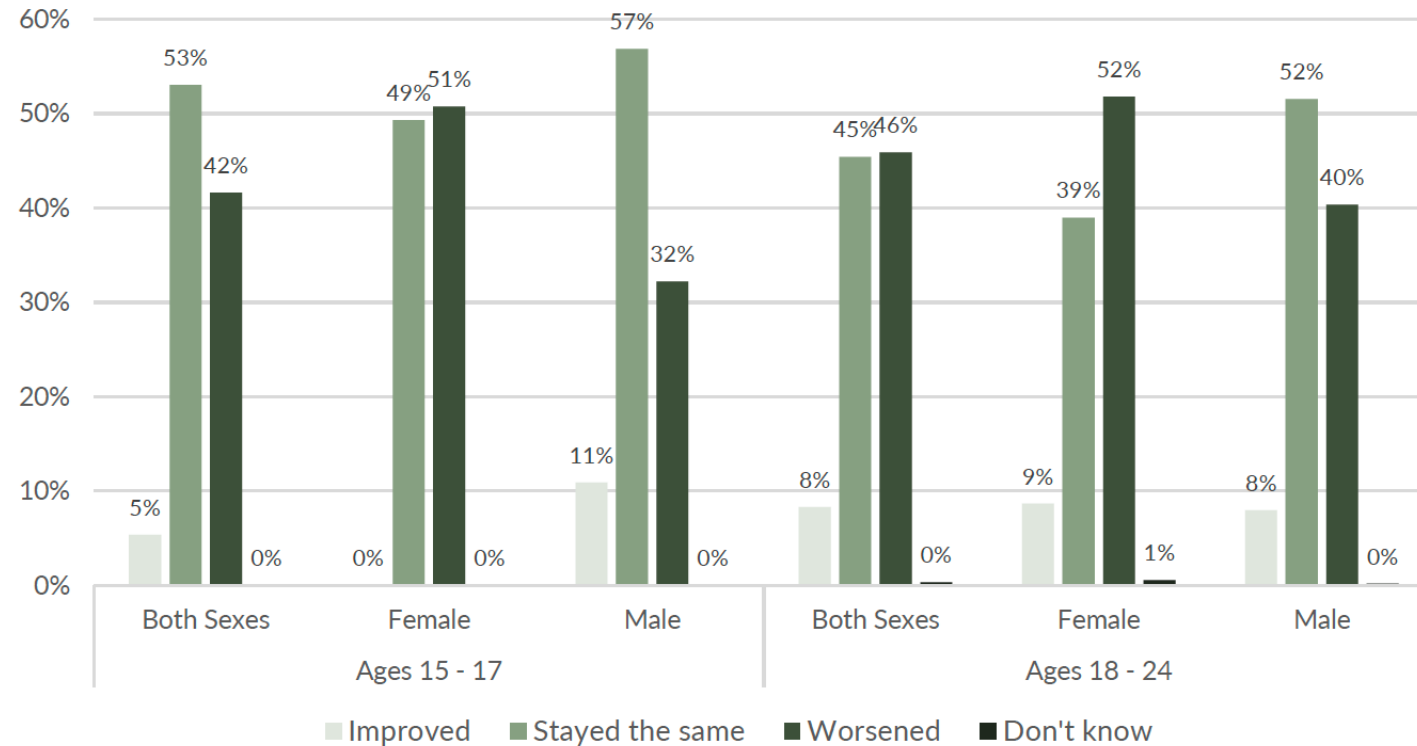
Figure 12. Change in mental health since the start of the Covid-19 restrictions, by age and sex, March 2020 - 2021

Source: Healthy Ireland Survey, 2021

Mental Health Service Provision

Experiences of young people with mental health services

Table 26. Percentage of 15 - 24 year olds in Ireland that had ever attended a psychiatrist, psychologist or psychotherapy consultation by sex, 2015 and 2019

Sex	Total	
	2015	2019
Female	7%	13%
Male	6%	7%

Source: CSO Irish Health Survey, 2015 and 2019

Use of Child and Adolescent Mental Health Services (CAMHS) increased by 154% from 2019 to 2020

Top diagnosis for admission to psychiatric unit: Depressive disorders (31% 2018 to 33% 2020)

Eating disorders (8% in 2018 to 16% 2020)

Better Outcomes Brighter Futures

Sets out the Government's agenda and priorities in relation to children and young people up to the age of 24 and track progress.

Consulted with young people

Policy & framework that are data driven.

Multiple data sources

- Healthy Ireland, GUI, HBSC, PISA

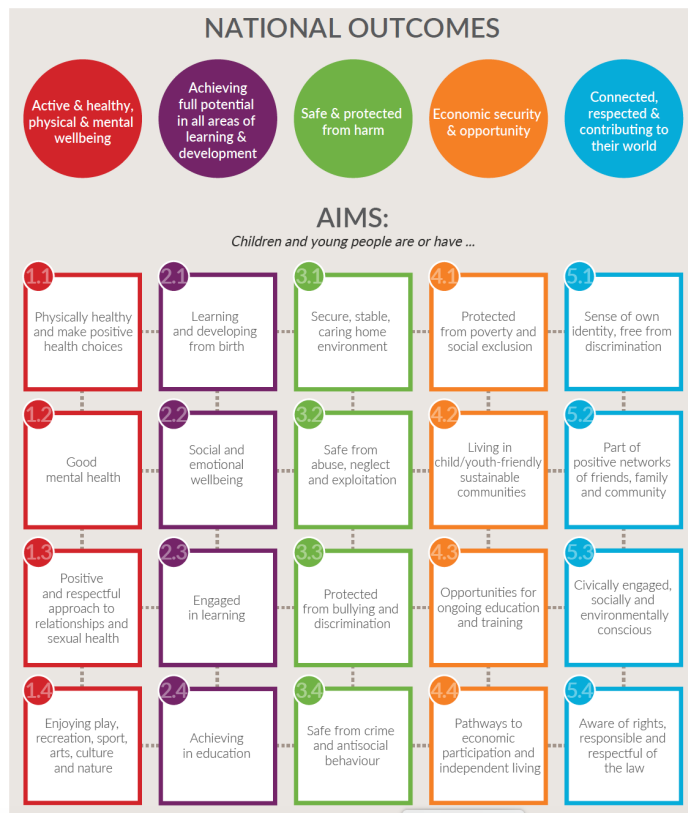Outcome 5: Connected, respected and contributing to their world

The % of 16-24 year olds who report having **high satisfaction with their personal relationships** increased from 56% to 58% between 2013 and 2018.

Better Outcomes Brighter Futures

BOBF recognises that good mental health is the most important aspect of children and young people's social and cognitive development (pp. 53–54).

NATIONAL OUTCOMES

- Active & healthy, physical & mental wellbeing
- Achieving full potential in all areas of learning & development
- Safe & protected from harm
- Economic security & opportunity
- Connected, respected & contributing to their world

AIMS:
Children and young people are or have ...

1.1 Physically healthy and make positive health choices	2.1 Learning and developing from birth	3.1 Secure, stable, caring home environment	4.1 Protected from poverty and social exclusion	5.1 Sense of own identity, free from discrimination
1.2 Good mental health	2.2 Social and emotional wellbeing	3.2 Safe from abuse, neglect and exploitation	4.2 Living in child/youth-friendly sustainable communities	5.2 Part of positive networks of friends, family and community
1.3 Positive and respectful approach to relationships and sexual health	2.3 Engaged in learning	3.3 Protected from bullying and discrimination	4.3 Opportunities for ongoing education and training	5.3 Civically engaged, socially and environmentally conscious
1.4 Enjoying play, recreation, sport, arts, culture and nature	2.4 Achieving in education	3.4 Safe from crime and antisocial behaviour	4.4 Pathways to economic participation and independent living	5.4 Aware of rights, responsible and respectful of the law

Screenshot

2

Risky health behaviours reducing

Self harm reducing

Optimal levels of mental health reducing (21% 2015 > 12% 2021)

Belong at school reducing (80% 2015 > 67% 2021)

Probable mental health problem increasing (10% 2015 > 20% 2021)

High daily internet usage increasing (3% 2015 > 20% 2021)

Background to My World Survey 2

- Common manifestations of youth mental health problems include anxiety, low mood or depression, self-harm, substance use, and behavioural problems (Patel et al, 2018)

- Youth mental health issues are associated with poorer educational and vocational outcomes (Butterworth & Leach, 2018)

- Recent evidence from Canada, the UK, & Ireland indicates an increase in mental health problems among young people, particularly among females (eg Wiens et al, 2020)

  - Increases in levels of anxiety, depression, self-harm, and suicidality

- Risk factors include sociodemographic, family, interpersonal, poor school connectedness (eg Costello et al, 2008, Higgins et al, 2016)

- Protective factors include one good adult, optimism, social support (eg Costello et al, 2008)

Why is this Research Important?

- Unique
  - Age 12-25 years
  - Large sample > 19,000 young people responded
  - Considers risk and protective factors using standardised measures
  - Changes to mental health outcomes since My World Survey 1 (Dooley & Fitzgerald, 2012)
- Acknowledges the complex world of young people
- Informs the development of practice and policy in Ireland

Key Protective and Risk Factors in MWS-2

- **Protective factors**
  - Self-esteem
  - Resilience
  - Optimism
  - Social support
  - Life satisfaction
  - Body esteem
  - School- and Peer-connectedness
  - Parent approval
  - Coping

- **Risk factors**
  - Anger
  - Being bullied
  - Alcohol behaviour
  - Drug use
  - Gambling
  - Parent criticism

Methodology – MWS-2

Adolescent

- N=10,459
- 83 randomly selected schools, sampling strategy: gender mix of school, DEIS non-DEIS status, location (every county)
- 56% female

Young Adult

- N=8,290
- 7 Universities
- 9 Institutes of Technology
- Employed

Seldom Heard

- N=658
- Youthreach
- College of Further Education
- Physical disability

Mental Health of Adolescents

49% outside the normal range for anxiety

40% outside the normal range for depression

23% deliberately hurt themselves without wanting to take their own life

6% reported a suicide attempt

DASS anxiety categories by gender
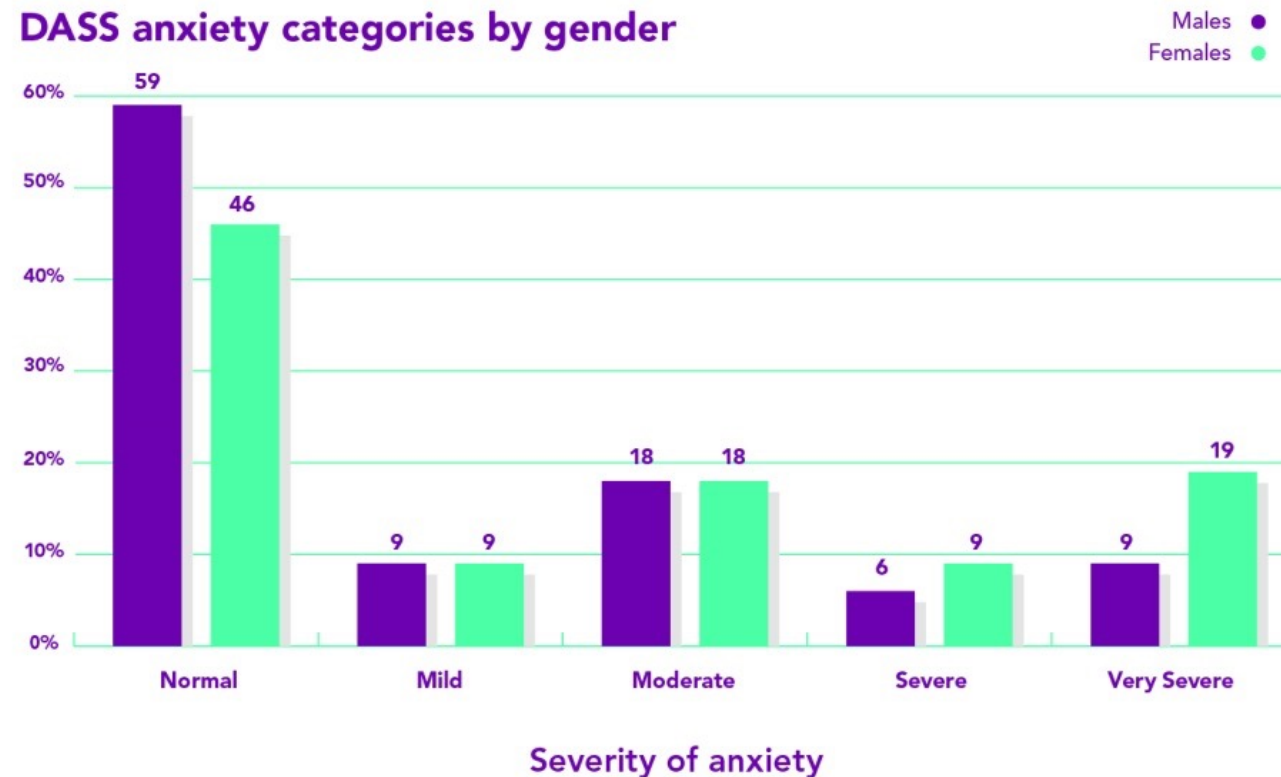
Males ●
Females ●

Severity	Normal	Mild	Moderate	Severe	Very Severe
Males	59	9	18	6	9
Females	46	9	18	9	19

Severity of anxiety
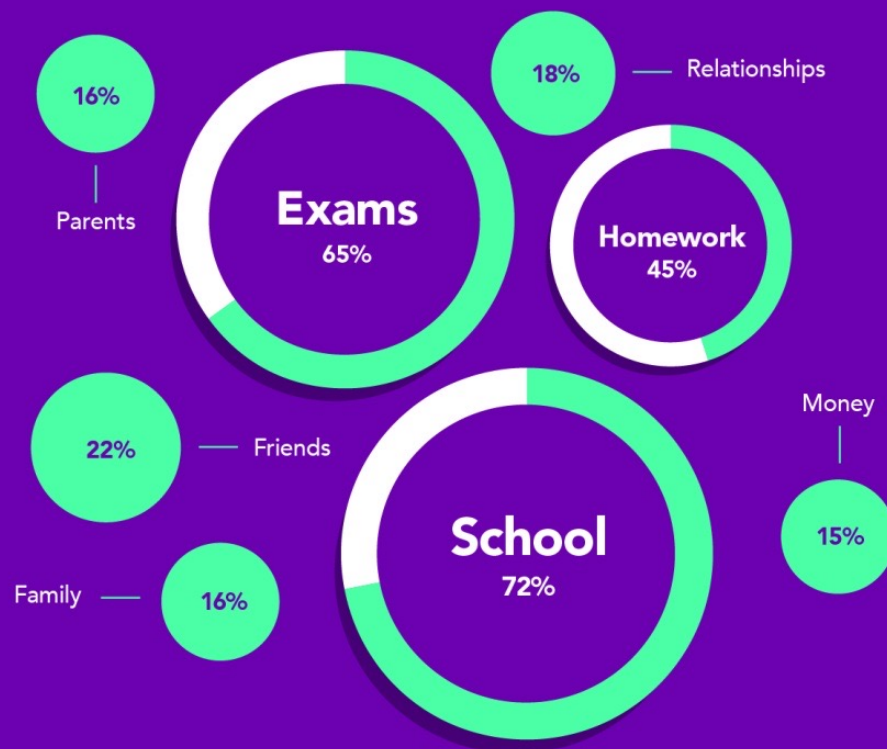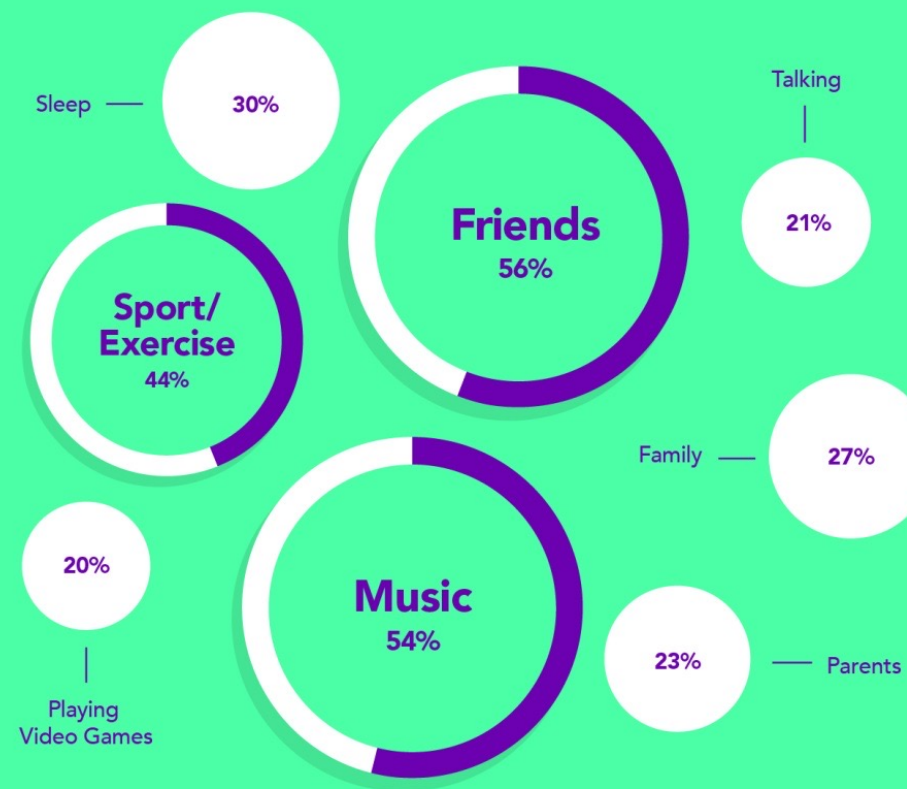
Protective factors associated with depression
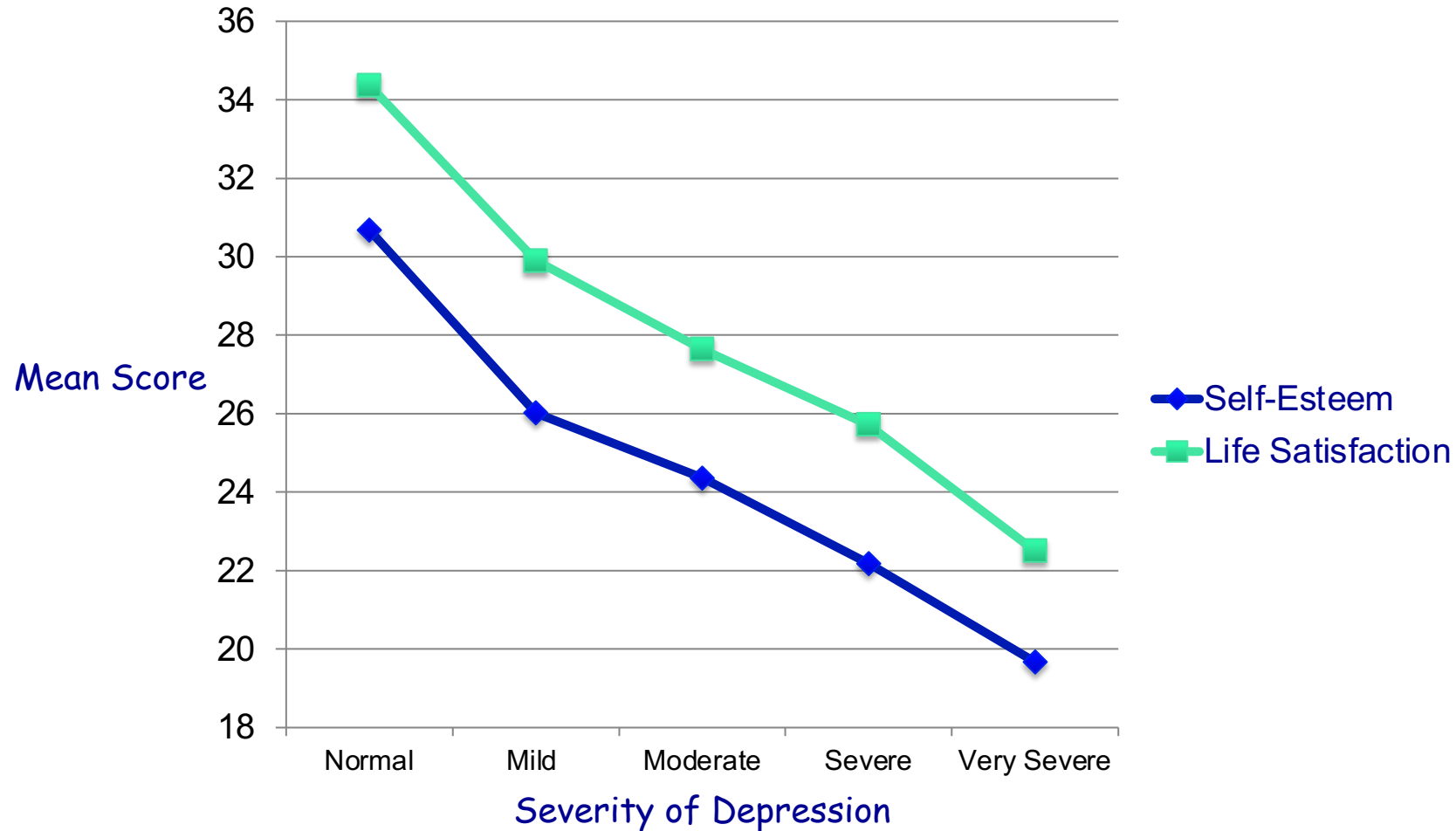
Suicidality

41% had thought about taking their own life even though they would not do it

23% reported they had ever deliberately hurt themselves without wanting to take their own life

6% reported a suicide attempt

Suicide Attempt - Risk and Protective Factors

- Adolescents who reported to have made a suicide attempt displayed significantly:

- Higher problematic drinking

Very similar patterns observed for deliberate self-harm.

- Lower levels of:
  - School connectedness
  - Peer connectedness
  - Optimism
  - Personal competence
  - Social competence
  - Family cohesiveness
  - Family support
  - Friend support
  - Adult support
  - Self-esteem
  - Body esteem

Individual Factor: Gender (F/M)

- Females report significantly higher:
  - Depression
  - Anxiety
  - Greater likelihood to talk about problems (63% F vs 56% M)
  - Suicidal thoughts (46% F vs 33% M)
  - Deliberate self-harm without wanting to hurt oneself (26% F vs 18% M)
  - Suicide attempt (6.7% F vs 5.2% M)
  - Bullied (43% F vs 34% M)
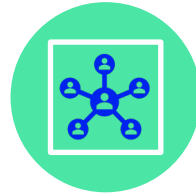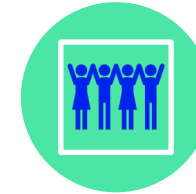 - 3+ hours online daily (37% F vs 30% M)

Individual Factor: Gender
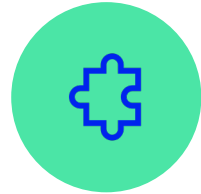
↑ M problem-solving based coping

↑ F support-focused coping

↑ F perceived support from friends and adult

↓ F resilience PC

↓ F levels of optimism

↓ F self-esteem

↓ life satisfaction

↑ F school connectedness

↑ F One Good Adult®

Social Media Sites/Apps

96% SNAPCHAT

90% INSTAGRAM

54% FACEBOOK

28% TWITTER
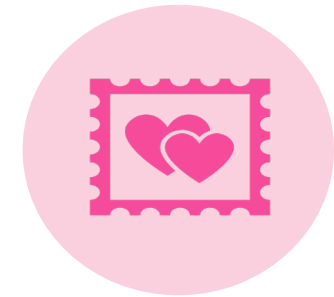
4% DATING APP

Time Online per Day

34% more than three hours

29% two-three hours

25% one-two hours

12% less than one hour
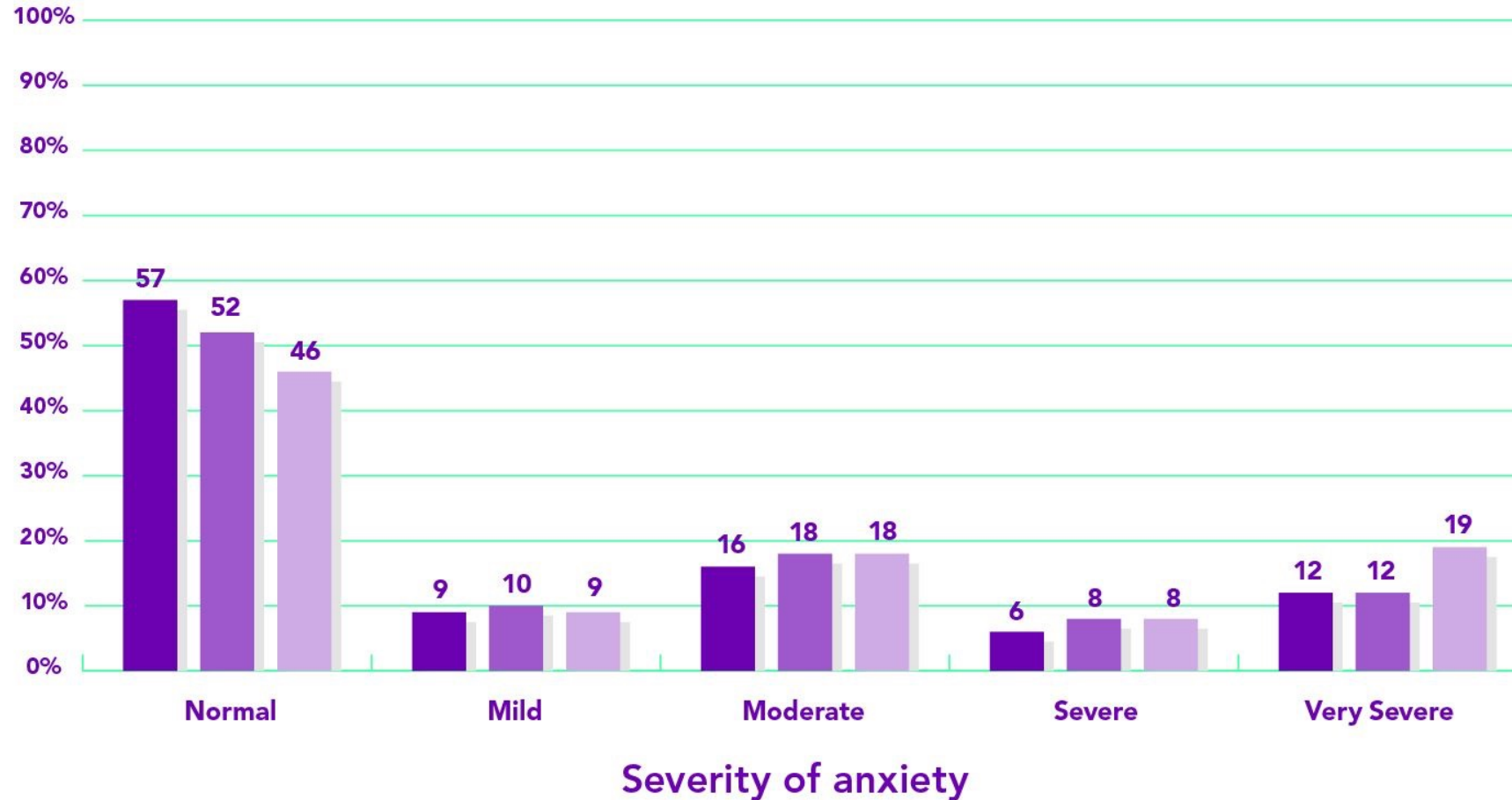
Time Online and Anxiety

Figure 3.31.

Time online by anxiety

Less than 2 hours ●
2-3 hours ●
More than 3 hours ●

Severity of anxiety

Severity	Less than 2 hours	2-3 hours	More than 3 hours
Normal	57	52	46
Mild	9	10	9
Moderate	16	18	18
Severe	6	8	8
Very Severe	12	12	19

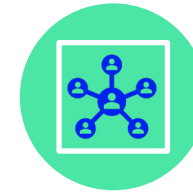Similar patterns observed for depression.

Adolescents Spending <2 hours Online

↑ problem-solving based coping

↑ personal competence

↑ levels of optimism

↓ support-based coping

↓ perceived support from friends

Personal Wellbeing and Lifestyle

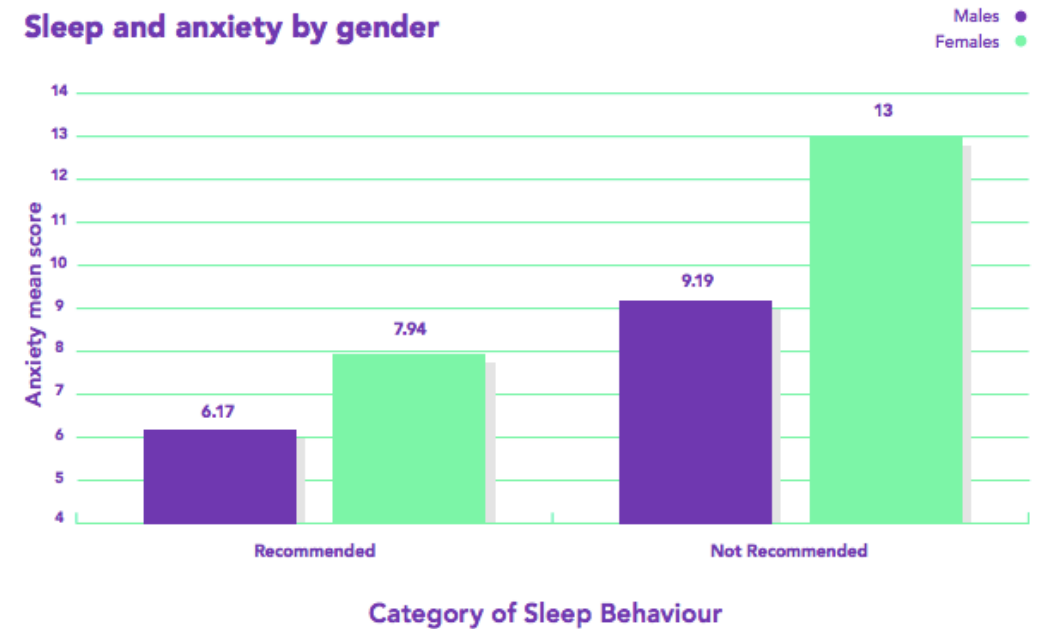- The importance of sleep for adolescents (same pattern for depression)

- Optimism, resilience, self-esteem linked to recommended sleep
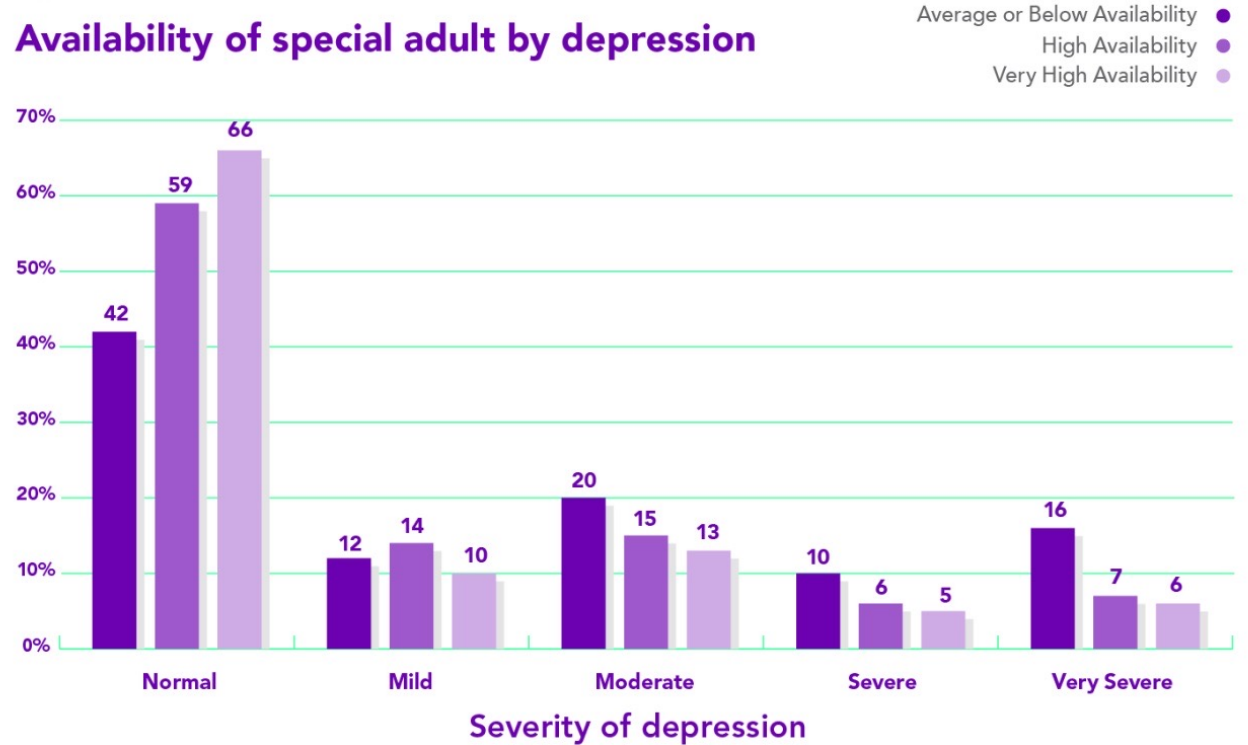
Sleep and anxiety by gender

Males ●
Females ●

Anxiety mean score

6.17 — 7.94 (Recommended)
9.19 — 13 (Not Recommended)

Category of Sleep Behaviour

One Good Adult®

- 76% reported having One Good Adult®

Availability of special adult by depression

Legend:
- Average or Below Availability
- High Availability
- Very High Availability

Severity of depression	Average or Below	High	Very High
Normal	42	59	66
Mild	12	14	10
Moderate	20	15	13
Severe	10	6	5
Very Severe	16	7	6

One Good Adult®

- Support from a OGA linked to better mental health

- Less likely to engage in risky behaviours

- Higher school and peer connectedness

- Higher mother & father approval and lower critical mother & father

- Higher social support, family cohesion, personal competence

Bullying

- Lower
    - Self-esteem
    - Life satisfaction
    - Optimism
- Higher
    - Depression
    - Anxiety

- Suicidal behaviour (2.7% vs 11.6%)
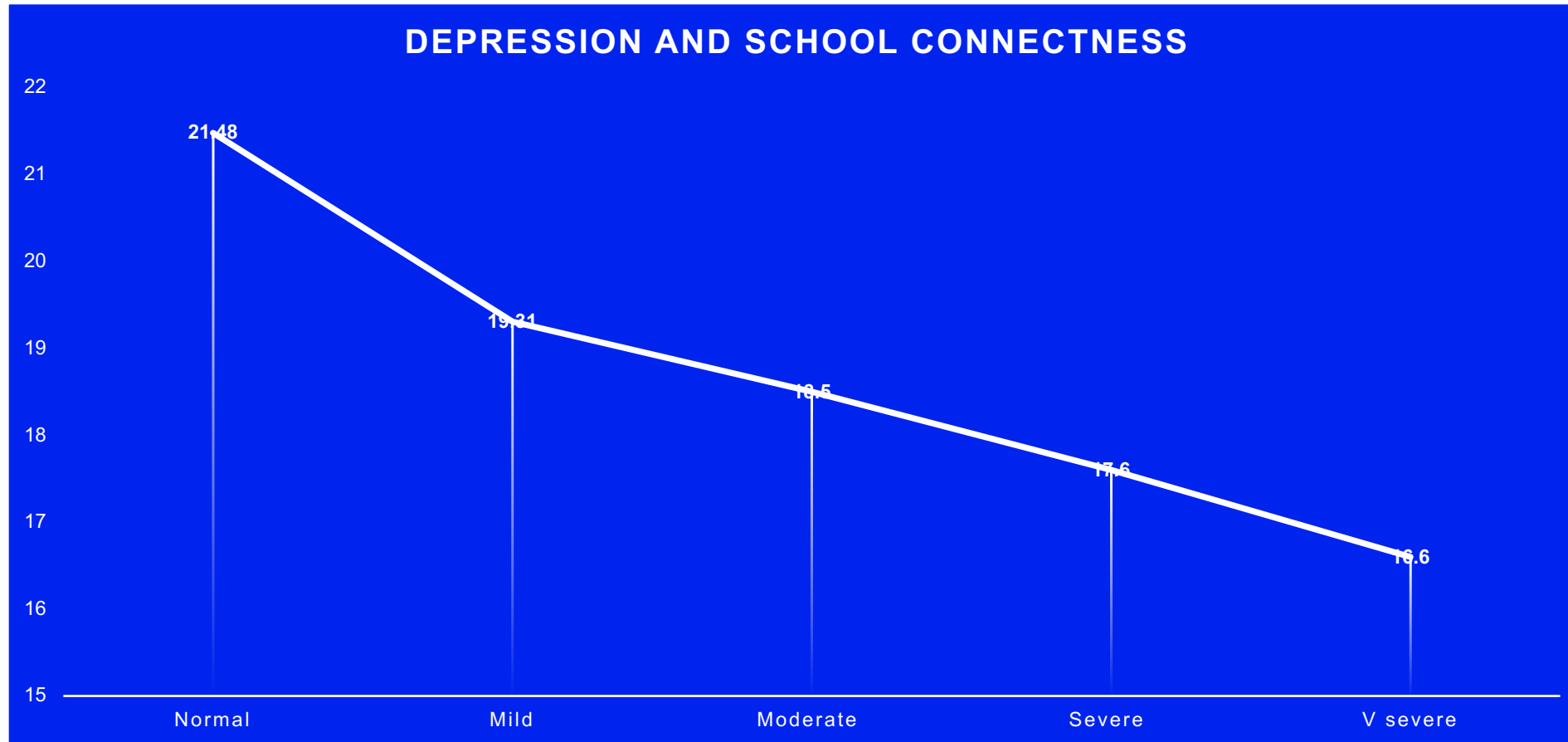- Deliberate self-harm (15% vs 35%)
- Suicide attempt

Depression and School Connectedness

DEPRESSION AND SCHOOL CONNECTNESS

Normal	Mild	Moderate	Severe	V severe
21.48	19.31	18.5	17.6	16.6

Context Factor: DEIS/non-DEIS Status
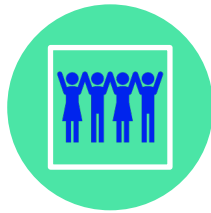
↑Non-DEIS father approval
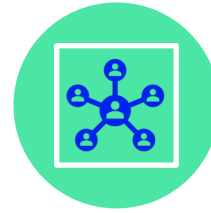
↑ DEIS Avoidant coping

↑ Non-DEIS peer school connectedness

↓ DEIS self-esteem

↓ DEIS life satisfaction

↑ Non-DEIS school connectedness

My World Survey 2
Third Level Methodology

Total sample Universities (N=9,879) Institutes of Technology (N=1,985)

- N = 1,084 study international students

- N= 2,692 over 25 and deleted from main analyses

- 69% female, 29% male, 1% non-binary, 1% other/prefer not to say

- Mean age 20.33 (SD = 1.83)

- 90% Irish

- 87% UG, 8% PGT and 5% PGR

- 7% disability (DARE)

- 7% disadvantaged (HEAR)

- 76% Heterosexual, 18% LGBAP, 6% Questioning/prefer not to say

NOTE: all analyses are based on the Irish sample of N=8,290

Mental Health of Young Adults

- 58% outside the normal range for depression

- 38% deliberately hurt themselves without wanting to take their own life

- 10% reported a suicide attempt

- 54% accessed support after a suicide attempt but 48% found it difficult to access that support

DASS depression categories for young adults

10% Severe

13% Very Severe

42% Normal

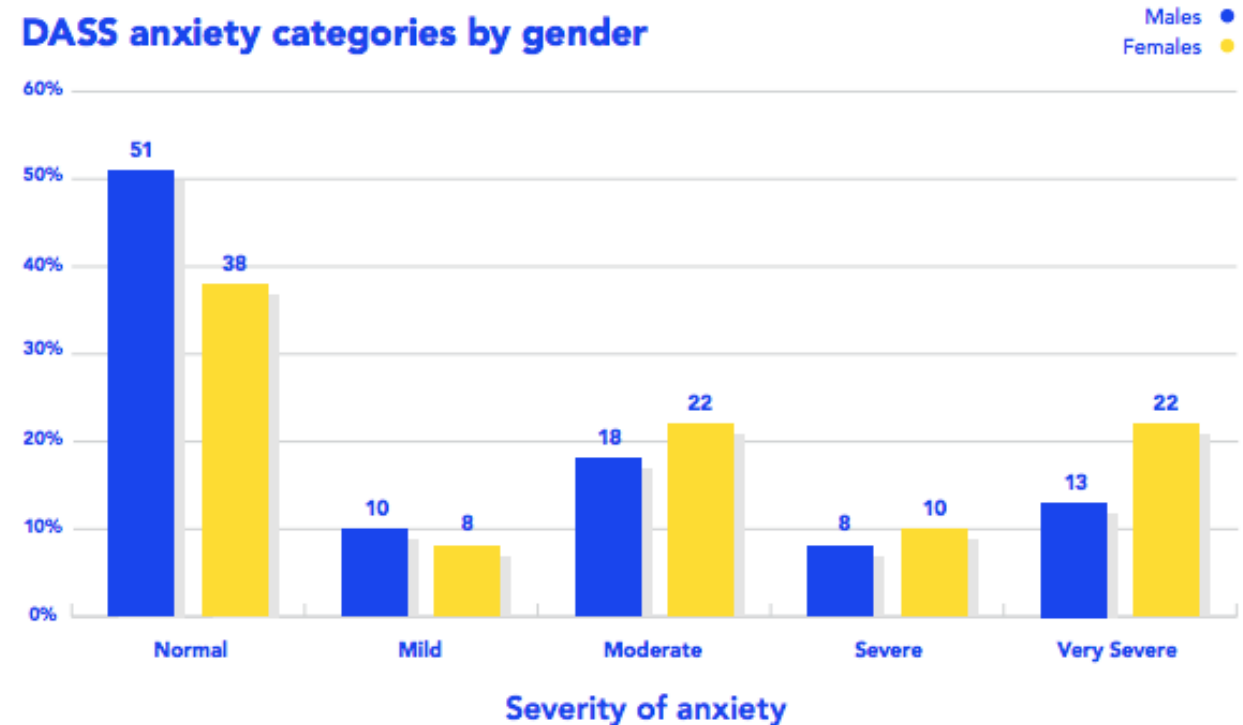21% Moderate

14% Mild

JIGSAW
Young people's health in mind
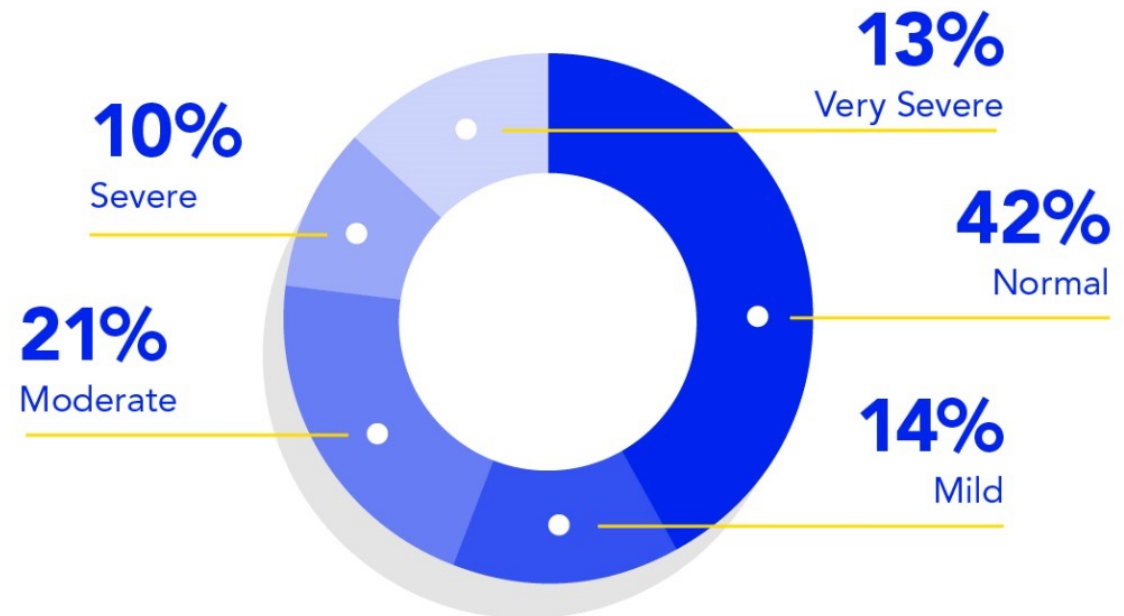
my world.

Mental Health of Young Adults

- 48% outside the normal range for anxiety

- Anxiety was strongly linked to gender

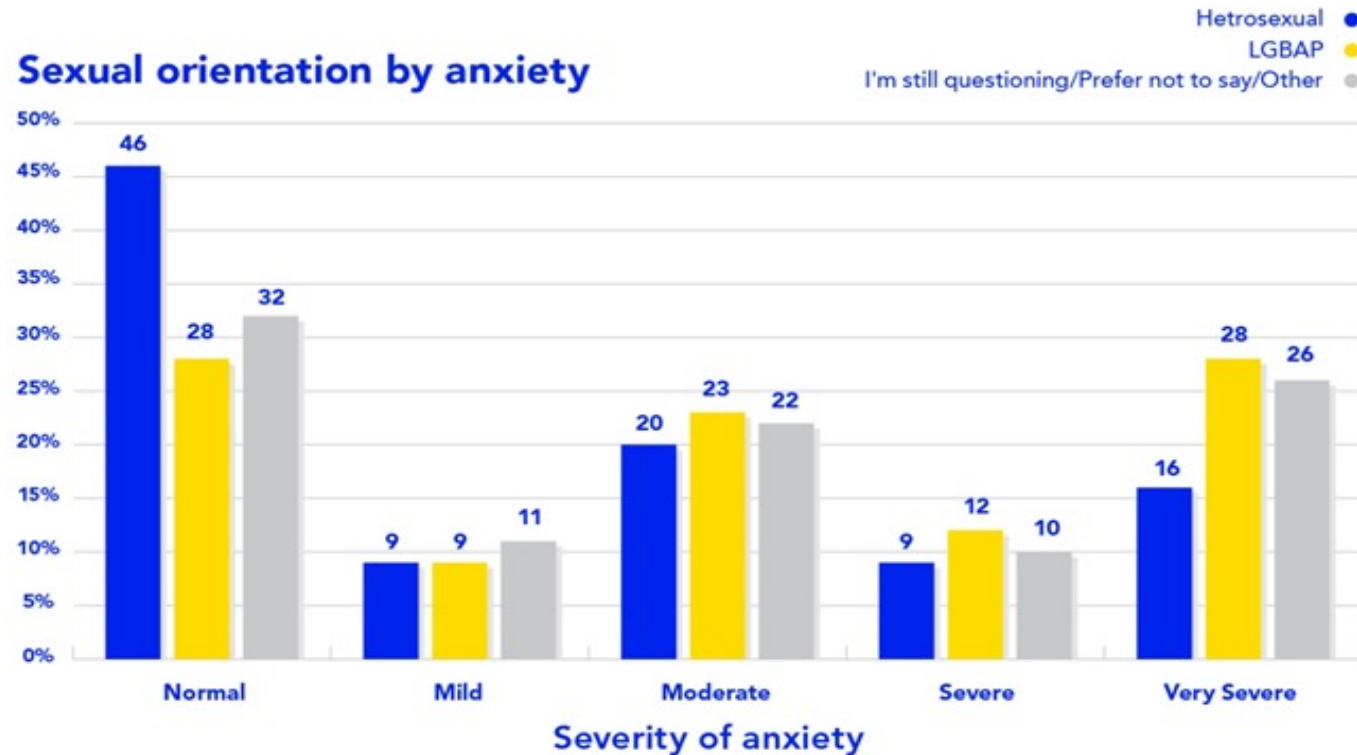**DASS anxiety categories by gender**

Males ● (blue)
Females ● (yellow)

Severity of anxiety	Males	Females
Normal	51	38
Mild	10	8
Moderate	18	22
Severe	8	10
Very Severe	13	22

Severity of anxiety

Sexual Orientation

- 76% identified themselves as heterosexual

- Sexual orientation was linked to both depression and anxiety

Sexual orientation by anxiety

Legend:
- Hetrosexual (blue)
- LGBAP (yellow)
- I'm still questioning/Prefer not to say/Other (grey)

Severity of anxiety	Hetrosexual	LGBAP	I'm still questioning/Prefer not to say/Other
Normal	46	28	32
Mild	9	9	11
Moderate	20	23	22
Severe	9	12	10
Very Severe	16	28	26

Sexual consent

47% reported they had been touched against their will

     Females (56%) more likely than males (23%)

20% reported they had been forced or pressured to have sex

     Females (25%) more likely than males (10%)

For both males and females who reported to have been touched against their will more likely:

- Not in the normal range for anxiety and depression

- More likely to be in the severe/very severe range for anxiety and depression

For both males and females who reported they had been forced or pressured to have sex the pattern as above but somewhat stronger

Sexual Consent and Mental Health Indicators

For both males and females who reported to have been touched against their will more likely to:

- Report DSH <u>without wanting</u> to take their life

- DSH <u>wanting</u> to take their life

- Made a suicide attempt at some point

For both males and females who reported they had been forced or pressured to have sex the pattern as above but stronger

- Made a suicide attempt at some point
  - Males forced 18%, not forced 7%
  - Females forced 21%, not forced 7%

Results
Student Cohort DARE

- DARE (Disability Access Route to Education)
- DARE compared to non-DARE
  - V. Severe anxiety 28% vs 17%
  - V. Severe depression 21% vs 12%
  - Suicide attempt 28% vs 9%
  - DSH wanting to take your life 28% vs 9%
  - Significantly lower on the following
    - Self-esteem (Mean 23 vs 26)
    - Life satisfaction
    - Optimism
    - Total support

Results
Student Cohort HEAR

- HEAR (Higher Education Access Route – UG only)

- HEAR compared to non-HEAR

  - V. Severe anxiety 27% vs 17%

  - V. Severe depression 20% vs 12%

  - Suicide attempt 17% vs 10%

  - DSH wanting to take your life 18% vs 12%

  - Significantly lower on the following

    - Self-esteem

    - Life satisfaction

    - Optimism

    - Total support

Changes from MWS-1 to MWS-2

- Percentage of adolescents reporting severe/very severe depression increased

- Up from 8% to 15%

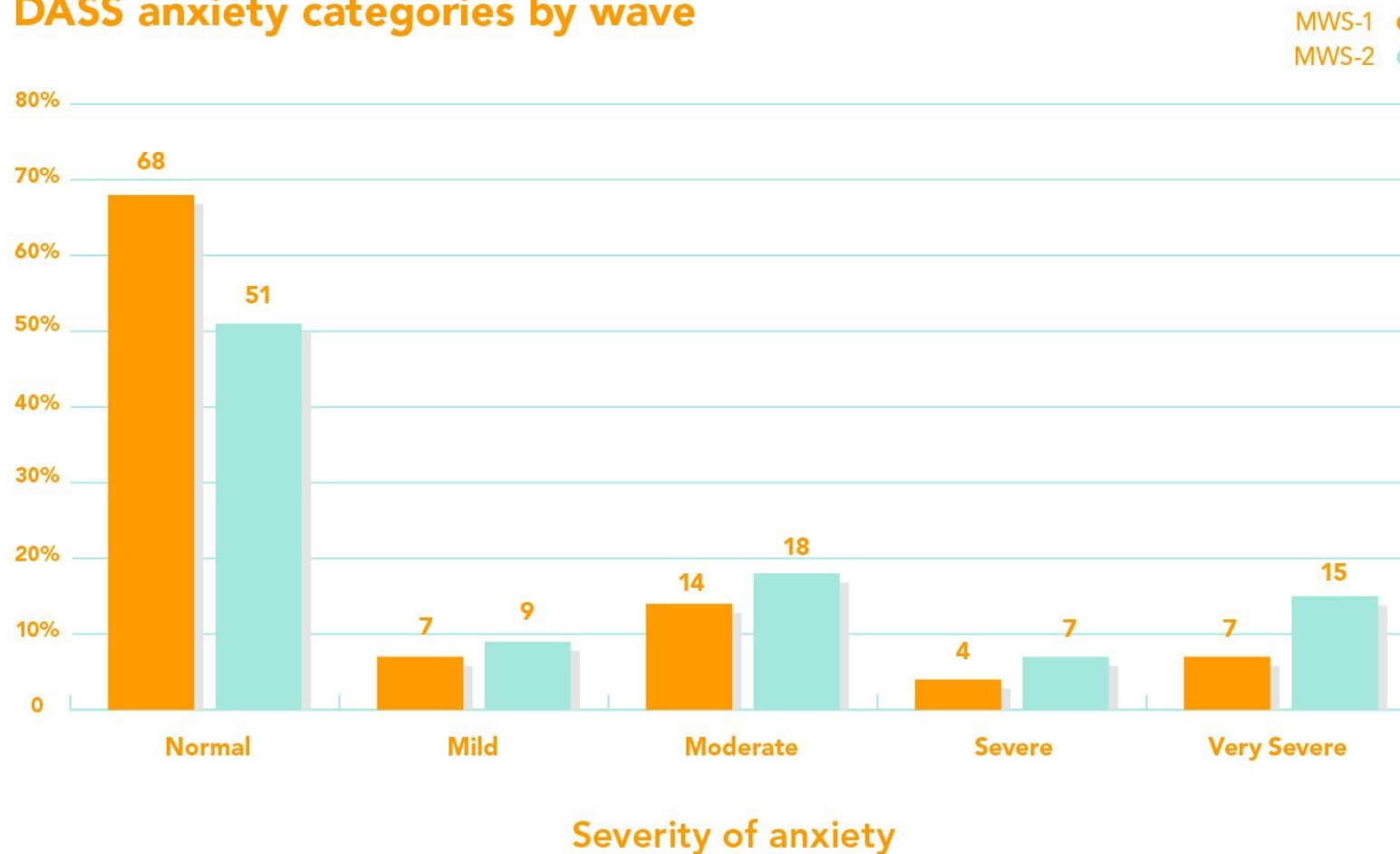## DASS depression categories by wave

MWS-1 ●
MWS-2 ●

Severity of depression
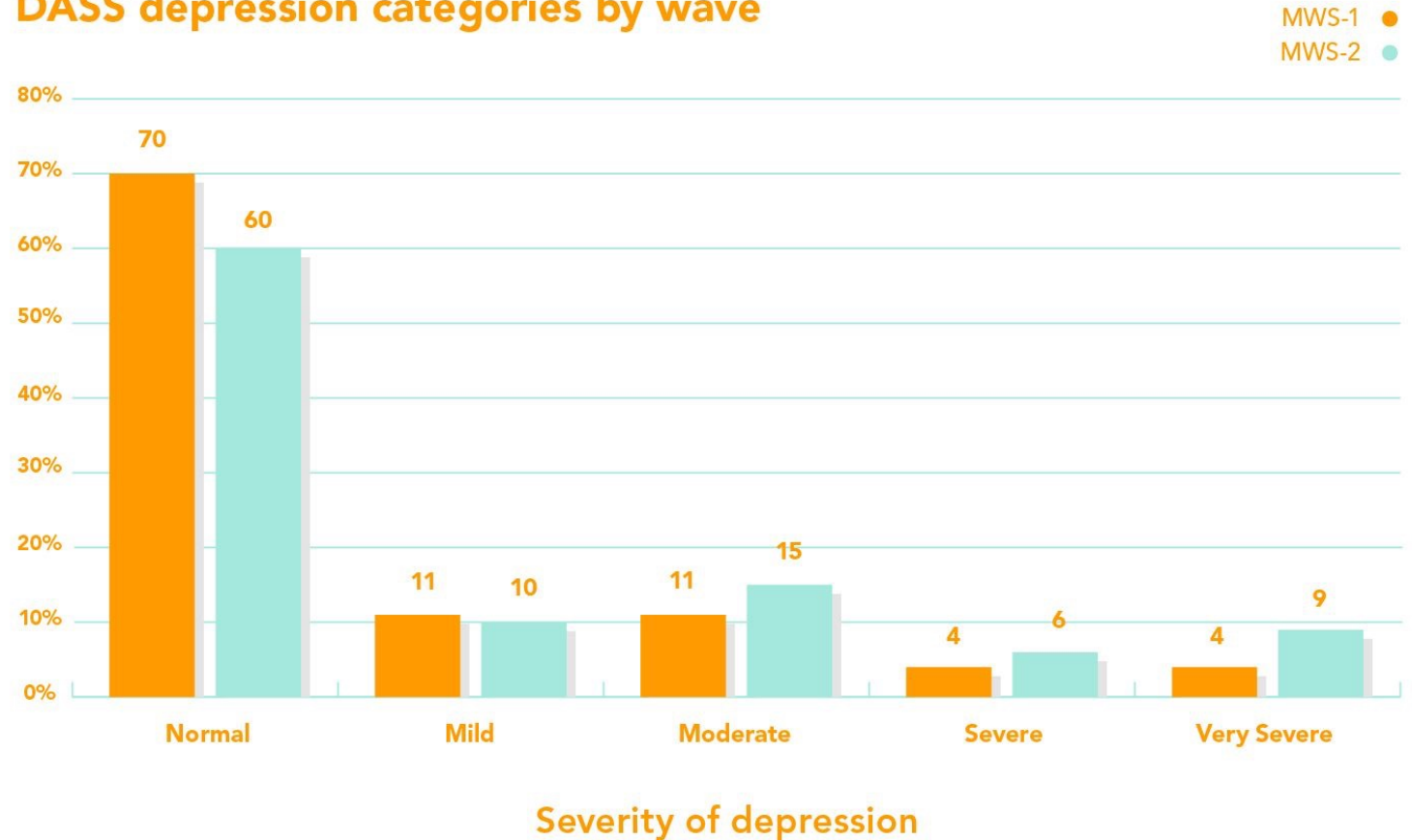
Changes from MWS-1 to MWS-2

- Percentage of adolescents reporting severe/very severe anxiety increased

- Up from 11% to 22%

DASS anxiety categories by wave

MWS-1 ●
MWS-2 ●

Values (MWS-1, MWS-2):
- Normal: 68, 51
- Mild: 7, 9
- Moderate: 14, 18
- Severe: 4, 7
- Very Severe: 7, 15

Severity of anxiety

Conclusions

Findings

- Profile of mental health of young people in Ireland similar to that observed in other countries

- Youth mental health is complex

- Evidence of increase in depression, anxiety, and suicidal behaviour

- Government needs to invest in the mental health of young people

Challenges

- How mental health, risk and protective factors are measured differ

- Need a common dataset

- Limits comparability, conclusions and where to invest resources optimally

- Youth integrated services, such as Jigsaw, need to be expanded

  - Need to co-create with young people

I think we should have 1 half class each week talking about our mental health with teachers or counsellor as this would really help know how to deal with issues about friends and family.

I worry a lot about people liking me. I feel worthless a lot of the time. I feel like I'm nothing special and am worthless a lot. My parents criticise my life choices and are really mean to my best friend. I worry that we won't be allowed spend time together anymore. Everything seems pointless. I get very pressured to do well in school. I am often physically hit for getting below 90% in an exam. This stresses me a lot. Sometimes my heart skips a beat really fast. I feel like I'm going to faint and my head starts pounding (F, 13 yrs)

A cluster analysis of health behaviours and their relationship to mental health difficulties, life satisfaction and functioning in adolescents

Ciara Mahon [a,*], Emma Howard [b], Aileen O'Reilly [a,c], Barbara Dooley [a], Amanda Fitzgerald [a]

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[c] Jigsaw, The National Centre for Youth Mental Health, Ireland

ARTICLE INFO

ABSTRACT

Research has documented relationships b
have examined patterns of health behav
investigated the relationship between h
lescents. Data from the My World Surve
olescents (44.2% male) aged 12–18 year
TwoStep cluster analysis identified cluste
use, sport and hobby participation). ANC
characteristics (age, gender, socioec

An exploratory investigation of body esteem, body dissatisfaction and body change behaviours in sexual minority young adults from a risk and protective perspective

Ciara Mahon [a], Amanda Fitzgerald [a], Aileen O'Reilly [a,b], Courtney McDermott [a], Clíodhna O'Connor [c] and Barbara Dooley [a]

[a] School of Psychology, University College Dublin (UCD), Ireland; [b] Jigsaw, The National Centre for Youth Mental Health, Ireland; [c] The National Suicide Research Foundation, Cork, Ireland

ABSTRACT
Body image, body change behaviours, and risk and protective factors for
ocumented by sexual orientation in young adults
oss-sectional data from My World Survey 2 Post
PSL) were used. The sample consisted of 1,975
169 bisexual, 89 questioning men and 4,521 het-
781 bisexual, 356 questioning and 121 pansexual
body dissatisfaction and body change behaviours
ity stress risk (discrimination) and protective factors
yysed across groups using Chi Square Tests and
ce. Multiple regressions identified relationships
, body change behaviours and risk and protective
men exhibited higher body esteem and body satis-
ninority men. Bisexual women demonstrated the
vhile pansexual women exhibited lower body satis-
sexual, lesbian and questioning women. Body
lid not differ among women, but weight loss
d in gay and bisexual men. Comfort with sexuality,
port and social support were positively associated with body esteem.
tors for body esteem varied by sexual orientation,
rtance of examining these constructs separately
subgroups.

Profiling third-level student mental health: findings from My World Survey 2

Ciara Mahon [1], Amanda Fitzgerald [1], Aileen O'Reilly [1,2] and Barbara Dooley [1]

[1] School of Psychology, University College Dublin, Dublin 4, Ireland and [2] Jigsaw, The National Centre for Youth Mental Health, Dublin 2, Ireland

Abstract
Objectives: This study aimed to identify risk and protective factors for mental health across student cohorts to guide mental health provision.
Methods: Cross-sectional data from the My World Survey 2-Post Second Level (MWS2-PSL) were used. The sample consisted of $N = 9935$ students (18–65 years) from 12 third-level institutions (7 out of 7 universities and 5 out of 14 Institute of Technologies (IoTs)) across Ireland. Key outcomes of interest were depression, anxiety and suicidality. Risk factors included drug/alcohol use, risky sexual behaviours and exposure to stressors. Protective factors included coping strategies, help-seeking, resilience, self-esteem, life satisfaction, optimism and social support. These factors were profiled by degree type (undergraduate, postgraduate taught, postgraduate research), access route, and institution type (IoT, university). Chi-square tests of Independence and one-way ANOVAs compared groups on key risk and protective factors.
Results: A total 71% of respondents were female, 85% were aged 23 or under and there was a 2.2% response rate in IoTs versus 10.6% in university students. Undergraduates demonstrated higher levels of depression, anxiety, self-harm and suicidal ideation than postgraduates. Undergraduates showed higher risk and lower protective factors than postgraduates. Students attending Institutes of Technology reported higher levels of depression and anxiety, lower protective and higher risk factors than university students.
Conclusion: In this sample of students, undergraduates, especially those attending Institutes of Technology, were at increased risk of mental health difficulties. Findings suggest the need to tailor interventions to meet cohort needs, and consider the differing vulnerabilities and strengths across student cohorts. Due to limitations of this study, such as selection bias, further research is warranted.

Keywords: Student mental health; third-level; risk and protective factors; student cohort; depression; anxiety

(Received 20 April 2021; revised 25 November 2021; accepted 9 December 2021)

Mental, physical and sexual health in sexual minority third-level students: Findings from My World Survey 2

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[2] Research and Evaluation Division, Jigsaw, The National Centre for Youth Mental Health, Dublin, Ireland

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Email: ciara.mahon@ucd.ie

Funding information
Jigsaw, The National Centre for Youth Mental Health

Abstract
Aims: Sexual minority youth experience health disparities across mental, physical and sexual domains. However, little is known about the extent to which mental health overlaps with sexual and physical health to compound health problems among sexual minority youth. This study examined risky health behaviours, adverse health outcomes, and their overlap across mental, physical and sexual domains, in lesbian, gay, bisexual, questioning (LGBQ) and heterosexual third-level students in Ireland.
Method: Cross-sectional data from the My World Survey 2-Post Second Level (MWS2-PSL) were used. Analyses were conducted on data from $N = 7950$ 18–25-year-old students, of which 6204 (78%) identified as heterosexual, 910 (11.4%) bisexual, 412 (5.2%) lesbian/gay and 424 (5.3%) questioning. Risky health behaviours (e.g., self-harm), adverse outcomes (e.g., mental health difficulties, physical health conditions) and their overlap across mental, physical and sexual domains were compared across heterosexual and LGBQ students using Chi-square tests. Clustering of health behaviours/outcomes within and between domains were examined.
Results: LGBQ students were more likely to exhibit a greater number of risky mental and sexual health behaviours and outcomes. Sexual, physical and mental health behaviours and outcomes overlapped to a greater extent in LGBQ versus heterosexual students. Distinct health outcomes were observed across sexual minority subgroups (e.g., bisexual women reported greater mental health difficulties).

Examining Predictors of Psychological Distress Among Youth Engaging with Jigsaw for a Brief Intervention

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Abstract
Risk factors for psychological distress among help-seeking youth are poorly understood. Addressing this gap is important for informing mental health service provision. This study aimed to identify risk factors among youth attending Jigsaw, a youth mental health service in Ireland. Routine data were collected from $N = 9,673$ youth who engaged with Jigsaw (Mean age = 16.9 years, SD = 3.14), including presenting issues, levels of psychological distress, age, and gender. Confirmatory Factor Analysis identified thirteen factors of clustering issues. Several factors, including *Self-criticism* and *Negative Thoughts*, were strongly associated with items clustering as psychological distress, however these factors were poorly predictive of distress as measured by the CORE (YP-CORE: $R^2 = 14.7\%$, CORE-10: $R^2 = 6.9\%$). The findings provide insight into associations between young people's identified presenting issues and self-identified distress. Implications include applying appropriate therapeutic modalities to focus on risk factors and informing routine outcome measurement in integrated youth mental health services.

Keywords Youth · Mental health · Risk factors · Psychological distress

Thank You

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My World
Survey 2

The National Study of **Youth Mental Health in Ireland.**

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my world.