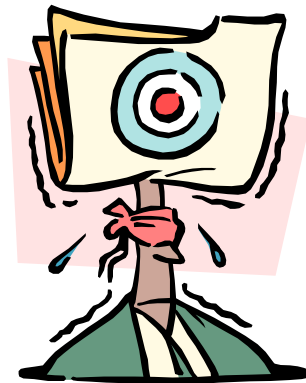


MENTAL HEALTH ASSOCIATION OF IRELAND

NATIONAL PUBLIC SPEAKING PROJECT



**Positive Mental Health for Post-Primary Schools
& Colleges 2000/2001**

This evaluation was commissioned by the Mental Health Association of Ireland and was conducted by Dr. Margaret Barry and Ms. Colette Dempsey, at the Centre for Health Promotion Studies, National University of Ireland, Galway.

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SUMMARY OF KEY FINDINGS

Perceptions of the Project at the Baseline Stage

Among participating teachers and students at the early stages of the competition there is generally a positive perception of the project and its benefits:

- 93% of the teachers interviewed were of the view that the project had a positive impact on students' views of mental health issues and 87% agreed that the project had a positive educational value for students.
- Among the participating students, there are generally positive expectations of how the project will impact on their understanding of mental health issues (98%) and mental health services (94%).
- Students expressed the view that participating in the project would afford them the opportunity to develop public speaking skills (48%) and to learn more about mental health (37%).

Perceptions of the Project at the Semi-Finals Stage

- Participating students at the semi-final stage were strongly in agreement that they had gained a better understanding of mental health issues (96%) and of mental health services (100%).
- All of the students found participation to be interesting and 100% reported having learned from their involvement in the project.
- 96% felt that the project was a good way to encourage people to learn about mental health issues and 96% reported that it was an enjoyable way of learning.
- Regarding benefits to their classmates, 31% reported that their classmates had been involved in preparing for the competition and 44% were of the opinion that their team's participation had given their classmates a better understanding of mental health.

- A survey of classmates of the semi-finalists revealed that only 19% reported being involved in the preparation for the project and overall, only 37% agreed that the project had contributed to their understanding of mental health issues.

Impact of the Project on Awareness and Attitudes to Mental Health

The positive impact of the project on awareness and attitudes to mental health was most evident for the participating students:

- In response to the vignette portraying a young person with depression, participating students showed increased recognition of depression and a more positive identification with the person depicted in comparison to their classmates and non-participating students from matched control schools.
- Participating students also displayed significantly higher levels of concern about the vignette actor, higher levels of perceived confidence in dealing with the matter and more positive behavioural intentions about how to respond to the situation.
- With regard to knowledge and attitudes about mental health and illness, a comparison of participating and non-participating student groups showed that participating students expressed significantly more positive attitudes on 15 of the 20 attitude items in comparison to classmates and control students.
- Social distance items examining degrees of prejudice and discrimination revealed that on four out of five items participating students were more willing to have close personal and social contact with people who have mental ill-health problems in comparison to non-participating classmates and control students.

Teachers' Perceptions of the Project

Both participating teachers and non-participating teachers from control schools were interviewed concerning their views on the project.

- Regarding the benefits of the project, participating teachers highlighted increased awareness of mental health issues, increased student confidence and esteem, the development of public speaking skills, team work and academic benefits.

- Participating teachers were of the view that the project is a good way of introducing mental health issues to the school. However, there was an awareness that the project mainly benefited those students who were directly involved in the competition.
- Among the barriers to participation identified were finding time in an already crowded curriculum, issues around adjudication, and motivating students and teachers to take on extra work out of school hours.
- Overall, the project was described as being well organised and very worthwhile.
- Teachers from non-participating schools were generally positive about the project and were interested in receiving information in the future.
- Non-participating teachers agreed that the project would lead to a greater understanding of mental health issues in the school. They did however, highlight that the positive impact of the project is limited to participating students, who are usually more academically able. A number of suggestions were offered in order to diversify the format of the project and to widen the engagement of other students in the school.
- Greater publicity of the project and the MHAI organisation was encouraged.

Views of the Audience Attending the Finals

- Of the 86 people who completed the questionnaire there was general agreement that the project promotes awareness among young people of the concept of mental health (92%), awareness of the causes and effects of mental illness (90%) and helps to reduce negative attitudes (72%).
- In rank order, the project was perceived as affording an opportunity for students to learn about mental health (60%), develop public speaking skills (25%) and to be a team player (15%).
- 89% of the audience surveyed felt that the project had improved their own understanding of mental health.
- 75% gave a very positive rating of the overall value of the project and 95% agreed that they would attend similar events in the future.

Students Perceptions of the Project at the Final Stage

Students at this stage of the project felt that participation brought many benefits such as:

- increased confidence
- academic benefits
- increased esteem
- developed public speaking skills

- All students report an increased awareness and knowledge of mental health and mental health issues
- Some difficulties were reported, such as finding the time to do the work and finding up to date research material.

Overall, the project was viewed very positively and seen as a worthwhile experience.

INTRODUCTION

This project is concerned with an in-depth evaluation of the Mental Health Association of Ireland's (MHAI) National Public Speaking Project for post-primary schools and colleges. The aims of the project are described by the MHAI as being:

- To promote an awareness among young people of the concept of positive mental health
- To promote an awareness of the causes and effects of mental illness
- To promote positive attitudes to mental health and ill-health

Some 200 teams from post-primary schools throughout Ireland participate in the project each year. The project is now in its twentieth year and is recognised as the cornerstone of the MHAI's education programme. As a result the organisation requested that the impact of the project be evaluated in 2001.

Background to the Project

The Mental Health Association of Ireland (MHAI) is a national voluntary organisation, which was established in 1966 as the result of a Commission of Inquiry on Mental Illness Report. This report was submitted in 1965 to the Minister for Health by a concerned group of psychiatrists and civic minded business people. There are 95 local Mental Health Associations (MHA) throughout the country supported by 11 Development Officers based within the Health Board regions. The local MHAs service the mental health needs of their own areas. Staff at central office support, the volunteer network and Development Officers. The Mental Health Association of Ireland is affiliated to The World Federation for Mental Health (WFMH) and to Mental Health Europe (MHAI, 2000).

The aims of the MHAI are twofold:

- To help those experiencing mental ill health
- To promote positive mental health

This report is concerned with the mental health promoting activities of the organisation; in particular, the evaluation of a Public Speaking Project designed to promote awareness of and positive attitudes towards mental health among secondary school students.

Mental Health

Mental health can be defined as "the emotional and spiritual resilience, which enables us to enjoy life and to survive pain, suffering, and disappointment." (Health Education Authority, 1997). The positive dimension of mental health has been recognized by the World Health Organization (WHO) since its origin and is reflected in its definition of health; 'Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity' (1946). There is increasing recognition, nationally and internationally, of the need to address mental health as an integral part of improving overall health and well-being. The recently launched World Health Report 2001 is devoted exclusively to mental health.

This report clearly emphasizes that mental health is as important as physical health to the overall well-being of individuals, communities and societies and that mental health must be universally regarded in a new light. The report aims to raise public and professional awareness of the real burden of mental disorders and to dismantle many of the barriers, particularly stigma, discrimination and inadequate services, to the delivery of appropriate treatment and care. Among its ten recommendations for actions is included the need for public education and awareness campaigns on mental health, aimed principally at decreasing stigma and discrimination.

International statistics (WHO, 2001) suggest that mental and behavioural disorders are common, affecting more than 25% of all people at some time during their lives. They are also universal, affecting people of all countries and societies, across age, sex, social class and place of residence. The World Health Organization and World Bank Report (Murray and Lopez, 1996) has drawn attention to the rise in mental health problems such as suicide and depression as major public health problems to be addressed in the 21st century. Major depression is now the leading cause of disability globally and ranks fourth in the ten leading causes of the global burden of disease. It is predicted that by the year 2020 depression will constitute the second biggest cause of disease burden worldwide. Of particular concern is the increasing rate of suicide. Suicide remains one of the common and avoidable outcomes of depression. Suicide rates have increased throughout Europe in the past 15 years (Casey, 1997). In Ireland suicide is now the leading cause of death among young men (15-24 years). These statistics call for recognition of mental health as a major public health issue requiring urgent attention over the next decade. In addressing the complexity of this issue - the magnitude of the problem, its multifaceted etiology, significant treatment gaps and widespread stigma and discrimination - the WHO Report (2001) recommends an integrated public health approach as the most appropriate method of response. A public health perspective aims at improving population level mental health and embraces the need for comprehensive policies and actions across the full spectrum of mental health interventions ranging from mental health promotion and

prevention to treatment and rehabilitation. The WHO calls for concerted action by governments across the world to improve population level mental health.

International organizations such as the World Health Organization, the World Federation for Mental Health and the World Psychiatric Association are playing a key role in stimulating collaborative action to address the rise in mental health problems and to promote the value and visibility of mental health at national and international levels. To the forefront in these initiatives has been the implementation of mental health promotion and prevention programmes (Jenkins et al., 2001). In Ireland, the National Task Force on Suicide (1998) recommended the use of primary prevention and promotion strategies in order to reduce the future incidence of mental health problems and bring about a reversal of the rising trends in suicide. Programmes targeting greater public awareness and understanding, together with school and community based programmes are identified as offering an opportunity of promoting positive mental and social well-being.

Promoting Mental Health

Mental health promotion focuses on positive mental health and its main aim is the building of strengths, competencies and resources at individual and community level. Mental health is fundamental to good health and overall well being and is a valuable resource in our everyday lives enabling us to manage our lives successfully (Health Education Authority, 1997). Mental health promotion targets the whole population and focuses on the protective factors for enhancing well-being and quality of life together with early intervention and prevention of mental health problems. The underlying principle of this approach is that mental health is an integral part of overall health and is therefore, of relevance to all. Mental health promotion calls for action on the determinants of mental health and these include individual factors and experiences, social support and interaction, societal structures and resources (the health care services included) together with cultural values and factors (Taipale, 2000). The delivery of mental health promotion therefore, extends beyond the clinical and treatment focus of current mental health service delivery to include the influence of broader social,

economic and cultural factors. To address this area effectively calls for effective policies and innovative strategies at a community-wide level, which are based on sound effective interventions.

A wide range of strategies is available to improve mental health and prevent mental disorders. There is a growing theoretical base and supporting body of evidence informing the development of mental health promotion practice (Barry, 2001). Over the last twenty years considerable progress has been made in the development of successful evidence-based mental health promotion and prevention programmes (Durlak and Wells, 1997; Tilford et al., 1997; Price et al., 1988; Mrazek and Haggerty, 1994). Effectiveness studies have shown that these strategies not only improve mental health and reduce mental disorders but can also contribute to the reduction of other problems such as youth delinquency, child abuse, school dropout, lost days from work and social inequity (IUHPE, 2000).

Mental Health and Young People

For many young people adolescence can be a very difficult time and while the majority of children and young people have good mental health, some can experience mental health problems and disorders, which may be relatively short-lived or more complex and severe (Raphael, 2000). International data suggests that that between 15 – 24% of children and adolescents experience mental health problems severe enough to warrant treatment (National Advisory Mental Health Council, 1990). Yet, it is estimated that fewer than 20% of this group receive appropriate help (Tuma, 1989). Studies in the US indicate that 15-22% of American children and adolescents suffer from diagnosable mental disorders and 25-50% engage in risk behaviour for negative health and behaviour outcomes such as drug abuse, unwanted pregnancy, AIDS, delinquency, and school dropout (Weissberg et al., 1991). Figures from the UK also indicate that between 14 and 20% of young people experience mental health problems in childhood or adolescence, and suicide rates for young men aged 15-19 have increased by almost 45% between the late 1970s and the late 1980s (Rutter & Rutter 1993, cited in Secker et al, 1999). More recent findings from

Australia also confirm these figures with 14% of children and adolescents being reported as having mental health problems (Sawyer et al, 2000).

Comparable figures from Ireland are not available, however, findings from the Health and Health Behaviour among Young People (HBSC) survey (WHO, 2000) indicate that 19% of 15 year old Irish males and 32% of 15 year old Irish females reported feeling low at least once a week during the previous six months. Perhaps somewhat more alarming is the increasing rate of suicide among young people in Ireland. This increase has been particularly marked among young men where suicide is now the leading cause of death among 15 to 24 year olds. In 1998 the National Task Force on Suicide Report indicated a rate of suicide among young men of 19.5 per 100,000 population compared with 2.1 per 100,000 among 15 to 24 year old women.

With regard to suicide prevention, the World Health Report 2001 points to compelling evidence that adequate prevention and treatment of some mental health and behavioural disorders can reduce suicide rates, including interventions directed towards individuals, schools, families and other sections of the general community. These data point to the need for programmes that will work proactively with schools, families and communities in enhancing the physical, social and emotional health needs of young people and ensuring that appropriate sources of information and support are provided. Despite the prevalence of mental health problems, stigma and worrying about what others will think can mean that young people fail to seek appropriate help from family, friends or professionals. Within this context awareness raising and destigmatisation have a significant role to play in mental health promotion programmes for young people.

Raising Public Awareness

An estimated 400 million people suffer from mental or neurological disorders or from psychosocial problems such as those related to alcohol or drug abuse. Many of them suffer silently. Many suffer alone. Many never receive treatment of any kind. Between the suffering and the prospect of care stand the barriers of stigma, prejudice, shame and

exclusion (The World Health Report, 2001). The WHO 2001 report highlights that the single most important barrier to overcome in the community is the stigma and associated discrimination towards persons with mental health problems and disorders. Tackling stigma requires public education and information campaigns, “to educate and inform the community about the nature, extent and impact of mental disorders in order to dispel common myths and encourage more positive attitudes and behaviours” (p. 98). Stigma can be described as a mark of shame, disgrace or disapproval which results in an individual being rejected, discriminated against and, excluded from participating in a number of different areas of society. The United States Surgeon General’s Report on Mental Health (DHSS 1999) highlights the damaging impact of stigma in terms of depriving people of their dignity and full participation in society and also eroding public confidence that mental disorders are valid and treatable health conditions. There is therefore, a strong case for programmes designed to improve public attitudes and increase tolerance and awareness of the needs of people with mental health problems.

Historical Perspectives of Illness, Treatment, and Attitudes

Causation

The history of the treatment of mental ill health and those suffering from mental disorder has been characterised by lack of understanding, prejudices, sometimes fear and often antipathy. In early times all illness was seen to have its origin in the supernatural and was the penalty paid for wrongdoing or alternatively as possession by evil spirits. The Greeks regarded mental disturbance as a form of punishment by the gods and the later Roman civilisation took a similar view (Robbins, 1986).

In Ireland, the ‘madman’s wisp’ a ball of straw or grass, was believed to produce madness by throwing it in the victim’s face. Another universal belief was that the moon caused madness. The Irish Brehon Laws generally provided legal protection for the mentally ill/disabled and distinguished between ‘idiots’, ‘fools’, and ‘lunatics’. Often those designated as ‘lunatics’ or ‘idiots’ were subject to ridicule or seen as figures of fun. At the notorious Bedlam (Bethlehem) Hospital in London, the public paid to view and taunt

patients in their cages and although nominally a hospital it appeared to lack any degree of humanity (Robbins, 1986)

Treatment

The custody and care of those suffering from mental illness or a learning disability in Ireland was normally regarded as the responsibility of family and friends (Robbins, 1986). The first hospital built specifically for the mentally ill was St. Patrick's in Dublin which was provided for in the will of Jonathan Swift, and was opened in 1746. (Robbins, 1986). At the commencement of the 19th century theories and policies on care for those designated as lunatics and idiots had become harsh. While some were left to wander the roads others were confined, often in chains, in gaols or houses of industry (Hensey, 1988). In the early 19th century it became official policy to move people from gaols and houses of industry into asylums. The first public mental hospital, The Richmond Asylum in Dublin, opened in 1815 (Reynolds, 1992 cited in McClelland et al, 2000), and 21 more county asylums were built over the remainder of the century (Finnane, 1981 cited in McClelland et al 2000). In addition to those with psychiatric illness, many of the residents of these hospitals had learning disabilities or chronic physical illnesses (Robbins, 1986).

Up to the Mental Treatment Act of 1945 individuals were committed to the asylum by judicial order, (McClelland, 2000). After the passing of the Act it became difficult to detain a patient for treatment against his or her will and made it possible for patients to seek treatment voluntarily in district mental hospitals (Barrington, 1987). The Commission of Enquiry into Mental Illness (1961) and Planning for the Future (1984) were important documents setting the mental health services on a firm path to comprehensive, community-orientated care (McClelland, 2000)

This brief historical account demonstrates very well how prevailing social and political views at different historical periods have influenced the level and quality of service provision for people with mental health problems. The delivery of mental health services occurs within the context of socially shared beliefs concerning the nature of mental health

problems and such beliefs play an important role in the successful development of acceptable and accessible community-based mental health services (Barry, 1994). As we are now experiencing a major paradigm shift in our understanding of mental health, the progress of recent policy and service changes underscores the need to develop and evaluate strategies for improving public understanding and awareness.

The Role of Public Attitudes

The World Federation for Mental Health (W.F.M.H.) in 1961 agreed that mental disorder was a serious social problem, but in our minds it was stigmatised with a general “negative halo” which tended to set people with mental health problems apart from the community. A large body of research carried out since that time, despite some conflicting findings, has largely supported this view (Rabkin, 1975; Brockman, D’Arcy and Edmonds, 1979; Priest et al., 1996; Pescosolido et al., 1996; Link et al., 1999). A number of research studies have been carried out in more recent times in Ireland concerning public perceptions and attitudes towards mental health and mental illness.

In 1973 the MHAI commissioned a survey of public attitudes in Ireland towards mental health and mental illness. The results of this survey confirmed the findings of the W.F.M.H. study that while the public regarded mental illness as a serious social problem, it tended to remain prejudiced against people who were suffering from mental illness. Public attitudes tend to be mixed. McClelland (2000) cites studies by Moran (1977) and Murphy et al, (1993) which indicate that at base, these attitudes seem to reflect apprehension and lack of understanding, but among the young and those with a higher educational level, more positive attitudes were found. In particular, higher self-reported knowledge was found to be associated with decreased fear, increased understanding and decreased personal rejection of the ‘mentally ill’. Later studies have also highlighted the existence of negative public stereotypes (Mahony, 1980) and high levels of stigma especially among rural residents (Keatinge, 1983; 1985; Barry, 1994).

A study by McKeon (1999) found that there has been a general improvement in the public attitude to depression in that there is a greater willingness to seek treatment, there is a broader understanding of causative factors and people are more willing to approach their general practitioner. Some negative and stigmatising attitudes remain among certain sections of the populations, most particularly young single men, those over the age of 65 and people from the farming community. Cross-sectional studies of the perceptions of mental health among the residents of rural communities in the Republic and Northern Ireland by Barry et al., (1999, 2000), also report that lower levels of awareness, less confidence in dealing with mental health issues, negative attitudes to help-seeking and social stigma emerge as particular issues for men and the under forty years age group.

A study by Secker et al., (1999) explored young people's understanding of 'mental illness'. This study reported that for a majority of the students depression was something that they encountered as part of everyday life and all of the young people were knowledgeable about anorexia. Responses suggested that young people's attitudes could be shaped not only by their own experiences, but also by the experiences of other people which had some salience for them. In some cases, media messages about mental health and illness played an important part of providing a substitute for personal experience on which young people could draw to legitimate their judgements.

From this brief review of studies on public attitudes, it may be seen that awareness raising and destigmatisation have a significant role to play in promoting positive mental health at a population level. The National Task Force on Suicide (1998) clearly outlined the importance of awareness raising and changes in public attitudes in order to counter fear ignorance and stigma thereby helping people to talk about their feelings and emotional problems and to seek appropriate sources of help. Examples of public education campaigns aimed at overcoming stigma include the British Defeat Depression Campaign in 1991 (Priest et al., 1996), the Norwegian Mental Health Campaign in 1992 (Sogaard and Fonnebo, 1995); "Changing minds – every family in the land" by the Royal College of Psychiatrists in the UK, and the World Psychiatric Association's campaign "Open the

doors” (Sartorius, 1997). In Ireland, Depression Awareness Week Nationwide (D.A.W.N) is an annual depression awareness campaign run by of Aware, the national depression support group.

In line with this thinking, the MHAI, since its inception, has clearly identified the importance of public awareness raising and destigmatisation. The key aim of the MHAI mental health education strategy is to ensure that basic mental health principles come to be regarded as common knowledge in order to eliminate prejudice, stigma and discrimination. Within this strategy there has been a particular focus on young people and the importance of instilling positive attitudes at an early age. The National Task Force on Suicide (1998) has recommended that programmes be initiated aimed at teaching children about positive health issues including coping strategies and basic information about positive mental health at an early stage as a natural part of their health care curriculum. School based programmes and initiatives offer an ideal opportunity for reaching a large number of young people

The School as a Setting for Promoting Mental Health

According to the WHO, adolescence is a particularly appropriate time to target young people as it is a period when skills and attitudes will be acquired which will support and maintain well-being into later years (National Consultative Committee on Health Promotion, 1999). Because school is a formative time in the development of a human being, the school setting provides an efficient means of improving young people’s health, self-esteem, life skills, and behaviour. In addition, to providing a site where programmes can be implemented efficiently and economically, schools can also provide the setting to introduce health information and technologies to the community and can lead the community by advocating policies and services that promote health (WHO Schools, 1997).

In Ireland 42% of the population are under the age of 25 and 24% are under the age of 15, giving Ireland the highest proportion of young people per head of population in Western Europe (National Consultative Committee on Health Promotion, 1999). Irish policy

documents such as the National Health Promotion Strategy (2000-2005) and Youth as a Resource (1999) support the school as an ideal setting in which mental health issues can be addressed. The National Task Force on Suicide (1998) also emphasises the importance of the school setting, and in particular the role of Social Personal and Health Education (SPHE) programmes, in tackling the issue of suicide prevention and promoting positive mental health for young people. It also recommends that greater collaboration takes place in schools between staff, pupils, parents associations and the local health boards in promoting positive mental health. Recent developments such as the establishment of the Irish Network of Health Promoting Schools and the formal introduction in 2000 of the Social Personal and Health Education programmes at junior cycle level in secondary schools signal a positive move in this direction. The content of these broad-based health education and promotion programmes addresses many elements which promote positive mental health such as self-esteem, communication, personal and social skills. More recently an awareness of the need for programmes which focus explicitly on mental health issues for young people has given rise to initiatives such as Beat the Blues (AWARE, 1994) and Lifeskills MindMatters (Byrne, Barry & Sheridan, 2001) and the MHAI Mental Health Matters for Schools. These initiatives seek to promote awareness, positive attitudes and skills aimed at enhancing young people's positive mental health.

The Mental Health Association of Ireland have a long history of involvement in mental health promotion activities which include World Mental Health Day, Design a Cover, Mental Health Matters for Schools, seminars, exhibitions, public talks and Good Practices in Mental Health Projects. However, the cornerstone of the MHAI's mental health promotion programme is the National Public Speaking Project, which has been running for the last twenty years.

MHAI Public Speaking Project

In an effort to promote greater awareness of the positive concept of mental health among young people and to address how some of the prejudices associated with mental illness

might be removed, Cork Mental Health Association initiated an essay project for schools. This project proved a success and subsequently the essay project was developed into a Public Speaking Project in order to reach a larger audience. In 1981 this project was adapted and introduced to all secondary schools in Ireland and is now in its 20th year of existence.

The aims of the project are described by the MHAI as being:

- To promote an awareness among young people of the concept of positive mental health
- To promote an awareness of the causes and effects of mental illness
- To promote positive attitudes to mental health and ill-health.

Project Structure

The project is open to senior cycle students in post primary schools and one team from each school may be entered. Each team is lead by a nominated teacher who accepts the responsibility for tutoring the team members. Teams initially participate at a local/county level and through a series of rounds a winning team emerges who represent their county at the regional level. Regional winners go on to the National Semi-Final. Three teams from the National Semi-Final go on to the National Final.

On average 250 teams participate each year, so over the past 20 years approximately 15,000 Irish students have participated in this project. In many cases classmates, family and friends will have also been involved on some level or as support.

The organisers emphasis that it is a project and not a competition. They also recognise that participation in the project can improve self-confidence, increase awareness of social values and of course the importance of mental health.

Teams and Topics

Each teach consists of 3 members and each member is allowed to speak for a maximum of 7 minutes. In preliminary rounds a team may choose a common topic or each participant may select an individual topic from the list supplied by the MHAI. For finals

at Regional Level, team topics are provided by the National Organising Committee, and are carried through to the National Semi-Finals. There is one topic for all teams in the National Final.

The Marking System

The main emphasis in this project is placed on two principal elements: the amount of knowledge and understanding of the subject/topic displayed by the participants and the manner in which the knowledge and understanding are transmitted to the audience.

65% of the marks are allocated to content as follows:

- Material (35 marks)
- Understanding of subject (20 marks):
- Originality (10 marks):

35% of marks are allocated to presentation as follows:

- Structure of material (15 marks)
- Delivery & Rapport with audience (10 marks)
- General Impression (10 marks)

Adjudication

Each adjudication panel consists of three members (five for the National Final) and should include a mental health professional, an educator and someone with experience of public speaking. Adjudicators are invited to attend an Adjudicators' Workshop but at the moment this is not mandatory. Up to the emergence of county finalists, the responsibility for adjudicators and adjudication lies with the local associations and where possible the adjudication team should remain the same to ensure consistency in marking, presentation or results and in advice given to participants at the different levels.

The adjudicators must adhere to the marking system, and having made their decision, the Chairman of the Adjudicators should give a brief evaluation of each team. This

evaluation should be positive and sensitive. A majority decision of the adjudicators will take precedence over aggregate of marks. The adjudicators' decision is final.

Expansion to other countries

In 1990, Dr. Stanislas Flache, the then President of the World Federation for Mental Health attended the National Final and was so impressed by the enthusiasm and audience response that he recommended its acceptance world-wide as an education programme for young people. The Flemish Association of Mental Health was the first to take up the project. Since then the project has also been introduced to areas of Scotland and Holland.

The Evaluation Study

This study seeks to examine the impact of the project on a range of different stakeholder groups, as implemented in Irish schools in 2001. In particular, the evaluation has the following aims:

- To examine the impact of the project on awareness and attitudes to mental health among the participating post-primary students.
- To explore the wider impact of the project on the classmates of the participating teams concerning the value of the programme and its impact on their understanding of mental health.
- To examine differences in attitudes to mental health between participating class groups and a matched control group of non-participating students.
- To explore the perceptions of teachers concerning the usefulness and impact of the programme.
- To survey the opinion of participating audiences at the final stages of the project concerning their reactions to the project and its impact on awareness of mental health issues.

METHODOLOGY

Study Design

This study involves a cross-sectional survey of the attitudes and perceptions of participating students, classmates, teachers and audiences concerning the value and perceived impact of the National Public Speaking Project in 2001. A comparison is also drawn between the attitudes of participating students and a matched control group of non-participating students. Qualitative data in the form of interviews with teachers and focus groups with the three teams participating in the finals were also collected. This study was carried out over three stages of the MHAI Public Speaking Project. In order to capture the experiences of the participants and impact of the project at the different stages of the project, samples of students were surveyed across the preliminary rounds through to the semi-finals and finals of the project. Each of these stages will now be described in turn.

Stage 1 – Baseline

Students

A questionnaire survey of 10% (n=43) of the participating students at the baseline stage was undertaken. This survey explored levels of participation, activities engaged in, and their assessment of the impact of the project on their attitudes to mental health.

Teachers

A questionnaire survey of the teachers (n=15) from the same schools was also carried out to elicit their views on the perceived benefits of their participation in the project, the range of activities undertaken in the school as a result, and the educational value of the project for the students.

Stage 2- Semi-final

Team members and classmates of participating schools

The nine participating teams at the semi-final stage (n=27) were contacted for more in-depth exploration of the impact of their involvement and that of their classes. The views of the classmates of the semi-finalists (n=300) were also surveyed exploring the impact of the programme on their attitudes to mental health and general awareness of mental health issues.

Teachers of participating schools

A telephone interview was conducted with the class teachers (n=9) to further monitor the range of activities undertaken and level of class participation.

Students from control schools

A matched control group (n=296) was selected for each of the 9 participating schools from non-participating post-primary schools in order to compare the differences in attitude and awareness between the two student groups.

Teachers from control schools

A telephone interview was conducted with the class teachers (n=8) from the control schools to examine their attitudes, perceptions of the project and reasons for not entering teams in the MHAI Public Speaking Project.

Stage 3 - Final

Audience at the MHAI Final

At the finals of the project, a poll was conducted with the audience (n=86) exploring their reactions to the event and their views on the value and effect of the project.

Team members participating in the final

Focus groups were carried out with the three teams (n=10) participating in the final to gain some further insight into the views and experiences of the participating students.

Study Sample

Baseline

10% (n=27) of the schools entering the MHAI Public Speaking Project in 2000/2001 were chosen at random to participate in the baseline study. Letters were sent to each of the schools requesting their participation in the study. Seven of these schools withdrew from the project at an early stage. The remaining 20 schools agreed to participate in the baseline study.

Semi-final

At the semi-final stage all nine schools participating in the final were asked to participate in the evaluation. All nine schools agreed. Three different samples were used at each school.

- Students participating in the project (n=27).
- Classmates of the students participating in the project (n=300).
- Teachers who were team tutors (n=9).

Controls

Nine control schools were approached and their permission requested to participate in the evaluation. These schools were matched to the semi-final schools based on the following criteria:

- Type of school
- Size of school
- Size of town
- Senior cycle
- Non-participation in the MHAI Public Speaking Project.

Two different samples were used in the control schools:

- Senior cycle students (n=300)
- Teachers (n=9)

Final

The final stage of data collection took place at the final of the MHAI Public Speaking Project. Two different groups were used:

- Audience (n=86)
- Final team members (n=10)

Measures

A combination of quantitative and qualitative methods was employed in this study.

Students

Quantitative Methods

Self-administered questionnaires were developed for each of the four student groups (see Appendices 1A, 1B, 1C and 1D) to explore students' views and attitudes with regard to mental health. The questionnaire explores the following areas:

- Socio-demographic information about the students
- Students' attitudes to school
- Attitudes and expectations of participation in the project
- Perceived benefits and value of participation in the project
- Mental health literacy – concepts and knowledge of mental health
- Knowledge of and attitudes towards mental illness.
- Social stigma surrounding mental illness

The questionnaire was adapted from existing measures employed within the Centre for Health Promotion Studies, NUI Galway. A number of additional questions were also

developed specifically for this evaluation, relating to the specific student groups. In particular the following measures were employed:

- A vignette scenario (adapted from Barry, 1994) depicting a young person showing symptoms of depression. Questions were asked on reactions to the vignette actor, recognition and understanding of mental health, attitudes, behavioural intentions in such a situation, attitudes towards seeking help, and perceived confidence in dealing with depression in someone else (Byrne & Barry, 2000).
- The 'Knowledge and Attitude' Questionnaire was taken from the Australian MindMatters Evaluation Project (National Mental Health in Schools Project, 2000). Students were asked to indicate their degree of agreement with a series of knowledge and attitudes statements based on a 5 point scale where 1=strongly agree, 2=agree, 3=disagree, 4=strongly disagree, and 5=don't know.
- A Social Distance Scale from the Australian MindMatters Evaluation Project (National Mental Health in Schools Project, 2000) was also employed. This scale has been used in the examination of the attitudes of the general public to people with mental illness. The scale items examine attitudes towards a person 'with a mental illness', dependent on the social context. The questionnaire requires students to indicate how willing they are to accept such a person in differing situations where 1=very willing, 2=a bit willing, 3=a bit unwilling, and 4=not at all willing.

Qualitative

The rationale for carrying out qualitative research with the team members at the final of the project was to elicit and explore their experiences of the project in greater depth. Focus groups were conducted with the three teams who participated in the final of the project. These interviews were recorded. Responses were analysed using content analysis, and responses were then coded and categorised. The focus group protocols (see Appendix 1E) explored the following issues:

- Range of activities undertaken
- Perceived benefits of the project
- Perceived difficulties of the project

- Students' experience of participation.

Teachers

Quantitative

At the baseline stage a questionnaire (see Appendix 2A) consisting of some open and closed ended questions was developed to examine teachers' expectations and their past experiences of the project.

In order to establish the level of general health education/mental health input across the schools, a questionnaire, adapted from an existing instrument (Byrne and Barry, 2000) , was forwarded to all schools involved for completion.

Qualitative

Semi-structured questionnaires were carried out with teachers from both the schools that participated in the semi-finals (see Appendix 2B) and the control schools (see Appendix 2C). Interview protocols were drawn up for the purpose of exploring a number of different areas:

- Range of activities undertaken
- Perceived benefits of the project
- Barriers to entry
- Perceived difficulties of the project

Audience

Quantitative

A questionnaire (see Appendix 3) survey, consisting of both open and closed-ended questions, was also undertaken with the audience at the finals of the project. The purpose of this questionnaire was to explore people's reactions to the project and its impact on their own awareness of mental health issues.

Procedure for Data Collection.

Baseline

In October 2000, three student questionnaires (see Appendix 1A), one teacher questionnaire (see Appendix 2A) and one health education questionnaire (see Appendix 2D) were sent to each school at the baseline stage (n=20). The school response rate was 75% (n=15). The team response rate was 96% (n=43).

Semi-final

In April 2001, questionnaires were sent to the school teams (n=27) (see Appendix 1B) who participated in the semi-final and to their classmates (n=350) (see Appendix 1C). The response rate for the teams was 96% (n=26) and for the classmates was 86% (n=300).

Each school (n=9) received the health education questionnaire (see Appendix 2D) and 89% (n=8) of the schools responded.

An interview protocol (n=9) (see Appendix 2B) was also sent to each teacher leading a team. Telephone interviews were carried out with all nine teachers (100%) after the semi-final had taken place. All interviews were recorded with the participants' permission.

Controls

Control schools were sent letters in April 2001 requesting their participation in the evaluation. Nine schools agreed to participate. Questionnaires were sent to the students (see Appendix 1D) and interview protocols were sent to teachers (see Appendix 1C). In addition questionnaires were also sent with regard to health education in the schools. Control student questionnaires were returned by 85 % (n=296) and teacher interviews

were completed with 89% (n=8) of the control teachers. The response rate for health education questionnaires was 67% (n=6).

Final

At the project final in May, questionnaires (see Appendix 3) were distributed among the audience. In addition, focus group interviews (see Appendix 1E) were carried out with the team members (n=9). Two of the focus groups interviews took place before the final, and the third interview took place two weeks after the final.

Data Analysis

Quantitative Data

Quantitative data were analysed using SPSS (Statistical Package for Social Scientists) version 10. Analysis sought to determine the difference between student groups concerning attitudes and awareness of mental health. A number of different statistical tests were used. Data were tested for variance using Levene's test. Chi-square, t-tests and ANOVAS were used, depending on the level of the data, to examine comparisons between groups and the effects of socio-demographic variables such as gender, social class and location. Where the variance was ≤ 0.05 the non-parametric Kruskal-Wallis test was used instead.

Qualitative Data

Qualitative data were analysed using content analysis. All responses were coded and categorised as themes emerged. All telephone interviews and focus groups were transcribed and subject to content analysis.

RESULTS

Participant Profiles

A total of 665 students took part in the evaluation. 69 of these students actually participated in the project, another 300 were classmates of the students who participated in the semi-final of the project, and the remaining 296 students were from matched control schools. The basis on which the schools were matched was non-participation, school type, school size and town size.

Socio-Demographic Profiles

Gender

Overall males (n=398) accounted for 60% of the respondents in the study while females (n=262) accounted for 40% of the study. Table 1 indicates the gender of respondents by group. When we look at the total number of respondents who participated directly in the project (n=69) we see that 70% (n=48) are female and 30% (n=21) are male. A greater proportion of females participated in the project particularly at the baseline level in comparison to classmates and control groups. Statistical analysis of gender distribution across groups (indicated by * in Table 1) revealed a statistically significant ($p=.000$) difference.

Social-Class

Using the Irish Social Class Scale (CSO, 1996) all respondents were assigned to a social class according to the occupation of their parents. Social Class in Ireland is broken down as follows: 1 Professional Workers, 2 Managerial and Technical, 3 Non-manual, 4 Skilled manual, 5 Semi-skilled, and 6 Skilled. Category 7 can be used as a residual or unspecified category. 63% (n=413) of the study respondents were from the Social Classes 1-3, 23% (n=152) were from Social Classes 4-6 and 13% (n=87) were unspecified.

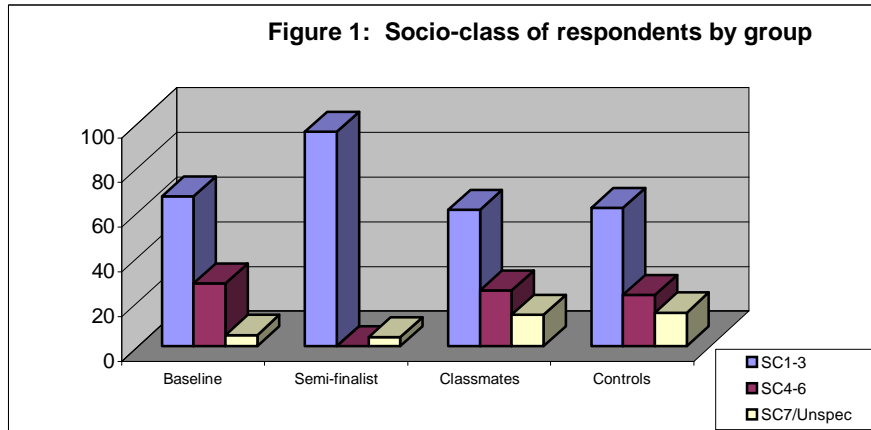


Figure 1 illustrates the social-classes of respondents by group, while Table 1 gives a clear picture of the breakdown with frequencies and percentages. Distribution across groups was analysed and revealed a statistically significant result ($p=.006$) indicating higher numbers of participants from social-classes 1-3 in the semi-final group than the other three groups.

Location

A total of 648 of the respondents indicated whether they lived in an urban or rural area. 46% ($n=297$) of the sample lived in an urban area and 54% ($n=351$) lived in a rural area. A statistically significant result (indicated by * in Table 1) was found when analysis was run on groups by area of residence ($p=.015$) showing that there was greater participation of students from rural areas particularly at the baseline stage.

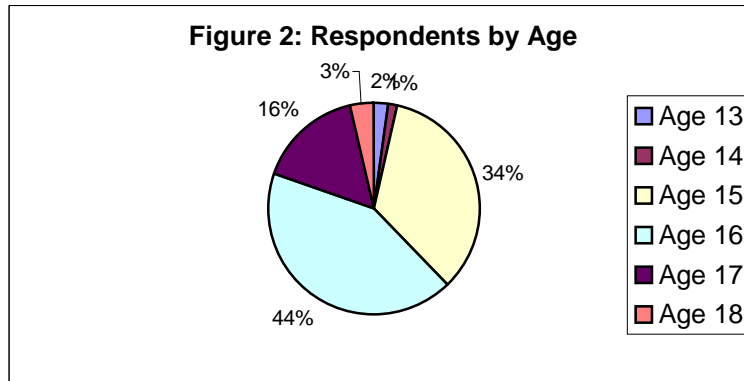
Table 1: Socio-demographics of Respondents by group

	Baseline (n=43)		Semi-finalist (n=26)		Classmates (n=300)		Control (n=296)	
	Freq	%	Freq	%	Freq	%	Freq	%
Gender								
Male	7	16.3	14	53.8	197	65.7	180	60.8
Female	36	83.7 *	12	46.2	100	33.3	114	38.5
Social Classes								
SC1-3	29	67	25	96 *	180	61	179	62
SC4-6	12	28	0	0	73	25	67	23
SC 7/unspecified	2	5	1	4	40	14	44	15
Location								
Urban	10	23.3	11	44	146	49	130	46
Rural	33	76.7 *	14	56	149	51	155	54

Age and School Year Profiles

Age

The youngest student taking part in the study was 13 and the oldest student was 18. The mean age of the total respondents was 16.26 (sd=1.06).



As we can see from Figure 2 the majority of student respondents were aged between 15 and 18. The largest age group are the 16 year olds who represent 44% (n=280) of the total sample.

Class groups

The following Table 2 indicates the class years of the students who participated in the evaluation.

Table 2: Class year of respondents by group.

Response (n=656)	Baseline (n=42)		Semi-finalist (n=25)		Classmates (n=297)		Control (n=292)	
	Freq	%	Freq	%	Freq	%	Freq	%
2 nd year	0	0	0	0	24	8	0	0
3 rd year	2	5	0	0	0	0	0	0
4 th year	15	36	7	28	118	40	63	22
5 th year	21	50	12	48	96	32	158	54
Transition year	4	9	6	24	59	20	71	24

8% (n=24) of the classmates group and 5% (n=2) of the baseline group were in the junior cycle. Most of the respondents in this study (96%) were from the senior cycle years

Attitudes to school

All students who participated in the evaluation were asked ‘*What do you think you will be doing when they finish school?*’ Students were offered 5 items: 1=college/university, 2 Post-leaving course, 3=apprenticeship/trade, 4=working, 5=unemployed and 6=don’t know. Responses were re-coded into two categories where 1 = college or university and 2 = other. Table 3 shows the breakdown of responses. A total of 81% thought they would be going to college or university when they finished school.

Table 3: What do you think you will be doing when you finish school?

Response (n=655)	Baseline (n=41)		Semi-finalist (n=26)		Classmates (n=296)		Control (n=292)	
	N	%	N	%	N	%	N	%
College/University	41	100	23	89	233	79	236	81
Other	0	0	3	11	63	21	56	19

All of the groups were asked ‘*How do you feel about school at present?*’ Students were given a choice of 4 items; 1=I like it a lot, 2=I like it a bit, 3=I don’t like it very much and 4= I don’t like it at all. 660 students replied with 62% (n=407) saying that they like school and 38% (n=253) saying that they did not like school. Students who participated in the project (n=69) were more likely to respond positively to this question with 81% (n=56) saying that they liked school while 58% (n=174) of the classmates and 60% (n=177) of the control group responded in the same way.

The students participating in the semi-final along with their classmates and the control groups were asked ‘*What does your teacher think about your school performance compared to your classmates?*’ 73%(n=19) of the students who participated in the project reported good whereas 59%(n=172) of the classmates and 55%(n=158) of the control group reported good.

School Profiles

School Type

A total of 33 schools were surveyed for this evaluation. Out of the 33 schools a total of seven were exclusively male schools, seven were exclusively female schools and 19 were mixed. The distribution of school type by groups is displayed in Table 4 below.

Table 4: School type of respondents by group.

Response (n=32)	Baseline (n=14)		Semi-finalist/ Classmate (n=9)		Control (n=9)	
	N	%	N	%	N	%
Male	1	7	3	33	3	33
Female	5	33	1	11	1	11
Mixed	9	60	5	56	5	56

Health Education in the Schools

Both teachers and students were asked questions with regard to health education in their schools. Responses indicate that the majority of schools have some aspect of health education incorporated into their curricula. 46% (n=13) of the schools participating in the evaluation had a staff member with responsibility for health education/promotion in their schools. As we can see from Table 5, the majority of schools used either the Lifeskills (NWHB) or the Social Personal and Health Education (SPHE) Programme. Health topics were also covered through religious education classes and home economics in many schools. No significant differences were apparent between participating schools and control matched non-participating schools with regard to health education or mental health input in the schools.

The number of teachers involved in delivering the various programmes varied greatly ranging from 1- 30 with almost half the schools having between 6-10 teachers involved. Outside of these Lifeskills and SPHE manuals other resources were used by some school such as religious education programmes, outside speakers, manuals videos and speakers from various organisations and mental health groups.

Table 5: Health Education in the Schools by Group.

Response (n=29)	Baseline (n=15)		Semi-finalist Classmates (n=8)		Control (n=6)	
	N	%	N	%	N	%
Staff member with responsibility for health education/promotion	6	40	4	50	3	50
Health education incorporated into the schools curriculum	14	93	7	87	4	67
Are the following aspects dealt with?						
Grief and loss	8	53	5	63	5	83
Bullying	11	73	8	100	6	100
Depression	5	33	5	63	4	67
Suicide prevention	3	20	4	50	3	50
Help-seeking skills	5	33	6	75	4	67
Coping skills	9	60	5	63	3	50
School health programmes						
Lifeskills (North Western Health Board	NA	NA	2	14	0	0
Social Personal & Health Education (SPHE)	NA	NA	7	86	8	100

Health education was delivered to all year groups in 42% (n=10) of the schools. In another eight schools (33%) health education was delivered to only junior cycle students. In the remaining 6 schools 21% (n=5) were delivered to all years excluding Junior Certificate and Leaving Certificate and one school delivered to 4th years only.

Table 5 also indicates that some aspects of mental health education were discussed in the schools. Grief and loss was discussed by four schools with all year groups, six schools with senior students only and one school discussed this with junior students only. Bullying was discussed with all year groups by four schools, 14 schools with junior students only, and five schools with senior students only. Nine schools discussed depression with senior cycle students and five schools also discussed suicide prevention with senior cycle students. One school also discussed suicide prevention with junior students. Help-seeking skills were discussed with all year groups by three schools and with senior cycle students by five schools. Five schools discussed coping skills with all year groups, five with senior cycle students and one school with junior cycle students.

83% (n=25) of the schools had a written policy with regard to bullying, 10% (n=16) had a written policy with regard to grief and loss, and 3% (n=1) had a written policy with regard to suicide prevention. None of the schools had a written policy with regard to depression and 28% (n=8) of the schools had a written policy with regard to other aspects of health such as drugs and smoking.

All of the schools had support staff for students in distress. 72% (n=21) of schools reported having a counsellor, 69% (n=20) had a chaplain, and 41% (n=12) had a home-school liaison officer. Other support mentioned were school nurse (7%; n=2) and other 38% (n=11) which include psychologist and class leaders.

Teachers were asked what were the barriers to providing mental health education in their school. This question offered a number of options and teachers could tick more than one. 28 of the schools responded and all (n=28) acknowledged that an overcrowded

curriculum was a barrier. 89% (n=25) of the schools said that teachers were not trained to deal with these issues and 18% (n=5) acknowledged the low status in the school of health education in general and mental health in particular. 11% (n=3) said that there was a general belief in that school is not the appropriate setting for mental health education.

Most of the schools had had visitors to the school over the past two years. These visitors varied with speakers from AWARE, The Samaritans, Garda Drug Unit, Local Health Board and Local Mental Health Association.

Perceptions of the Project at the Baseline Stage

Participating Teachers Perceptions of the Project

Previous Involvement

93% (n=14) of the schools involved at the baseline stage were previously involved in the project. Of these 14 schools 80% (n=11) had been involved at least 5 times.

73% (n=11) of the teachers had previously been involved in the project in the role of mentor. When asked how they would rate their own knowledge of mental health issues 73%, (n=11) felt that it was good.

Perceptions of the project within the school

80% (n=12) felt that the general feeling among the other staff in the school about the school's participation in the project was positive and 67% (n=10) felt that the general feeling among the other students about the school's participation in the project was positive.

When asked if the students enjoyed the project 87% (n=13) said they felt they did. 93.3% (n=14) of the teachers surveyed felt that past participation in the project had a positive impact on how the students viewed mental health issues. 87% (n=13) of the teachers believed that the project had a positive educational value for students.

Expectations of the Project

When asked if the project would give the students a better understanding of mental health issues 93% (n=14) agreed and 80% (n=12) agreed that it would give the students a better understanding of mental health services.

80% (n=12) of the teachers felt that the project would improve the student's awareness of the warning signs of mental health difficulties and 67% (n=10) felt it would better equip the students to deal with their own problems or those of their families and friends.

When asked if the teams' participation in the project would have a lasting impact on mental health issues within the school 40% (n=6) agreed it would. Participation in the project would give students the opportunity to learn more about mental health, develop public speaking skills, and become a team player.

Participating Students at Baseline Stage

Of the students surveyed at this stage 9% (n=4) had entered before and 61% (n=25) knew someone who had entered before. 84% (n=36) of the students volunteered to enter the project and 14% (n=6) were selected by their teacher.

Project Expectations

98% (n=42) of the students surveyed agreed that participation in the project would give them a better understanding of mental health issues and 94% (n=41) felt that participation would give a better understanding of mental health services.

Awareness of the warning signs of mental health difficulties would be improved by participation in the project according to 86% (n=37) and 76% (n=32) believed that participating in the project would better equip them to deal with their own problems or those of their families and friends.

Students felt that participation in the project would give them the opportunity to develop their public speaking skills and learn more about mental health.

Perceptions of the Project at the Semi-final Stage

Participating Students at the Semi-Final

26 students were surveyed at the semi-final stage and 31% (n=8) had entered the project previously and 73% (n=19) knew someone who had entered previously. 73% (n=18) of the students volunteered to enter the project and 31% (n=8) were selected by their teacher.

Project Achievement

96% (n=25) of the students surveyed at the semi-final stage agreed that the project had given them a better understanding of mental health issues and 100% (n=26) felt that they had gained a better understanding of mental health services.

Awareness of the warning signs of mental health difficulties were improved by participation in the project according to 85% (n=22) and 57% (n=15) felt better equipped to deal with their own problems or those of their families and friends.

Students felt participation in the project had given them the opportunity to develop their public speaking skills, learn more about mental health and be part of a team. All of the students 100% (n=26) found participation in the project to be interesting and 100% (n=26) reported to have learned from the project.

Most of the students 96% (n=25) felt that the project is a good way to encourage people to learn about such issues as mental health and 96% (n=25) reported that it was an enjoyable way of learning, while 92% (n=24) felt that team work was encouraged.

Other involvement

When asked, 86% (n=23) reported that the teacher was involved or very involved in the preparation of the talks. When asked the same question with regard to their classmates

31% (n=8) felt they were involved, 27% (n=7) felt they were not involved and 42% (n=11) were uncertain as to the level of their classmates involvement.

Benefits to classmates

44% (n=11) of the group felt that their teams' participation in the project had given their classmates a better understanding of mental health issues, 32% (n=8) were uncertain, and 24% (n=6) disagreed.

When asked if the project gave a better understanding of mental health services to their classmates 54% (n=14) were uncertain, 19% (n=5) agreed while 27% (n=7) disagreed. 31% (n=10) felt their classmates' knowledge of the warning signs of mental health difficulties was improved, 42% (n=11) were uncertain, and 27% disagreed.

Benefits to school

39% (n=10) felt the project had led to a greater understanding of mental health issues within the school, 27% disagreed and 35% were uncertain. When asked if the project would help people in the school to deal with their own problems 50% (n=13) were uncertain, 37% (n=9) disagreed and 15% (n=4) agreed.

The participating teams (n=26) were asked to rate the value of the project on a scale from 0 to 10 where 10 was of great value and 0 was of no value. The mean result reported was 8.19 (standard deviation 1.33).

Classmates of Participating Students at Semi-Final

Classmates (n=300) of participating students were surveyed concerning their perceptions of the project and its perceived benefits. They were asked if they found their school team's participation in the project interesting, 55% (n=160) agreed it was and 16% (n=47) felt it was boring. The remaining 29% (n=85) were uncertain. 50% (n=145) said they learned something new through their team's participation in the project. 19% (n=55) were uncertain and 31% (n=89) said they learned hardly anything new.

Involvement

Level of involvement by the classmates in the preparation of the talks was also explored. 65% (n=189) said they were rarely involved, 17% (n=47) were uncertain and 19% (n=55) were involved in the preparation of the school team talks for the project.

Benefits to classmates

The classmates were asked if they felt that their school's participation in the project had given them a better understanding of mental health issues. 37% (n=105) agreed, 32% (n=93) were uncertain and 32% (n=92) disagreed. The same question was asked in relation to mental health services and 41% (n=119) disagreed, 32% (n=93) were uncertain and 27% (n=78) agreed.

They were also asked if they felt that their team's participation in the project had improved their awareness of mental health difficulties. 39% (n=111) agreed their awareness had improved, 29% (n=83) were uncertain and 32% (n=92) disagreed.

25% (n=69) of the classmates agreed that their team's participation in the project would help them to deal with their own problems, 30% (n=85) were uncertain and 47% (n=134) disagreed.

Classmates were asked in an open-ended question *'what do you think you have gained from your school teams participation in the project?'* 265 students answered this question. Responses were coded and put into one of six categories, which are described below with examples. Table 6 lists these six categories and illustrates the frequency and number of responses.

- Increase/better awareness/knowledge: responses which indicate an increased awareness in mental health issues etc such as *'an indepth knowledge of mental health in Ireland through an interesting medium'*, *'learned about issues I was ignorant to before'* and *'knowledge of mental health issues'*.
- Increased empathy/understanding: responses showing sympathy or empathy, such as *'I gained a knowledge and empathy for and about the mentally ill'*, and *'thought and sympathy for those who have a mental illness'*.
- Sense of pride in team/school: responses which indicate pride in the team or the school such as *'general sense of pride'*, *'I was very impressed by the speakers'*, and *'good name for the school'*.
- No difference: responses indicating no change such as *'nothing at all'*, and *'I have gained nothing as I never heard of anything they were doing. We didn't hear the debates'* and *'absolutely nothing, only three students were involved out of 700'*.
- Unaware/not involved: responses indicating that the students were unaware of the competition or were aware but not involved such as: *'was not involved – nothing gained'*, and *'was not involved in the project but I feel that my involvement would have made me more aware'*.
- Other: responses which did not fit into any of the other categories such as: *'how to talk in public and how to write a speech'*, and *'a strong will and dedication will bring you a long way'*.

Table 6 below illustrates the categories and the frequency with which these responses occur.

Table 6: What classmates felt they had gained from their schools participation in the project.

Response Category (n=314)	Freq (n=265)	%
Increase/better awareness/knowledge	103	39
Increase empathy/understanding	29	11
Sense of pride team/school	6	2
No difference	129	49
Unaware/not involved	39	15
Other	8	3

39% (n=103) felt that the project had increased their knowledge or awareness of mental health, 11 (n=29) felt they had an increased sense of empathy or understanding for those suffering from mental health problems. 49% (n=129) felt it had made no difference and 15% (n=29) were unaware or not involved in the project.

The classmates (n=300) were asked to rate the value of the project on a scale from 0 to 10 where 10 was of great value and 0 was of no value. The mean result reported was 5.16 (standard deviation 3.18).

Impact of the Project on Awareness and Attitudes to Mental Health

A number of measures were employed across the student groups to analyse their recognition and understanding of mental health, knowledge and attitudes, social distance and mental health literacy. The positive impact of the project on awareness and attitudes to mental health was most evident for the participating students.

Students of Control Schools

The students (n=296) surveyed in the control group (n=296) were asked if they had ever heard of the MHAI Public Speaking Project 94% (n=279) said no and 5% (n=16) said yes. They were also asked if they would be interested in finding out more about the project, 34% (n=99) said yes and 66% (n=195) said no.

Reactions to the Vignette

The vignette portrayed a young man displaying signs of depression. Participating students showed greater recognition of the signs of depression than their classmates and the non-participating students. Participating students were also more likely to express an emotional reaction to Joe and less likely to suggest that he needed to help himself.

Reactions to Joe

What is your reaction to Joe?

The 636 students who answered this question gave a total of 1,071 responses; which were categorised as follows:

- Depression/suicide: responses, which recognise depression or suicidal tendencies in the vignette actor, e.g. 'Joe may be suicidal' and 'Joe seems very depressed'.
- Personality/feelings: responses, which refer to personality factors or descriptions of the vignette actor's feelings, e.g. 'he has low self-esteem', 'appears to be a loner', and 'has a pessimistic view of life'.

- Emotional reaction: responses, showing sympathy/empathy for the vignette actor, e.g. *'I feel sorry for Joe'*, *'I would be worried about Joe'*, and *'poor Joe'*.
- Self-help needed: responses recommending self-help action that the vignette actor should take, e.g. *'he needs to find new activities'*, *'he should stop feeling sorry for himself'*, and *'he needs to do something about it'*.
- Other help needed: responses, indicating that Joe should seek outside help, either from a professional or informally, e.g. *'he needs to seek some medical help,'* and *'he needs to talk to someone about how he is feeling'*.
- Explanation offered: responses, which attempt to attribute the cause of the vignette actor's state to some factor, e.g. *'has a hard life... maybe no friends'*, and *'he is probably being picked on'*.
- Identify with Joe: responses, which indicate identifying with Joe's feelings, e.g. *'I have suffered like he has and know exactly how he feels'*, *'many young people feel this way'*, and *'it seems a lot how I feel sometimes'*.

Differences between groups were analysed first to control for socio-demographic differences and when none were found were then analysed using Pearson Chi-square. All results where $p = .05$ were deemed to be statistically significant. Table 7 below illustrates the response categories with regard to frequency and percentage.

Table 7: What is your reaction to Joe?

Response Category (n=636)	Baseline (n=43)		Semi-finalist (n=26)		Classmates (n=281)		Control (n=286)	
	Freq	%	Freq	%	Freq	%	Freq	%
Depression/suicide *	25	58	17	65	129	43	115	39
Personality feelings	12	28	6	23	97	32	83	28
Emotional reaction*	21	49	8	31	49	16	59	20
Self-help needed *	3	7	0	0	76	25	75	25
Other help needed *	23	53	12	46	77	26	86	29
Explanation offered	3	7	3	12	26	9	18	6
Identify with Joe *	6	14	3	12	14	5	25	8

* $p = .05$

43% (n=286) of the total sample recognised the existence of depression or suicidal feelings. The difference between the groups was found to be statistically significant ($X^2=11.639$; $p=.009$). Participating students showing higher levels of awareness (semi-

finalist 65%; baseline 58%) of the signs of depression and suicidal ideation compared with non-participating students (classmates 43%, controls 39%).

With regard to emotional reaction a statistical significance was also found between the groups ($X^2=23.571$; $p=.000$) with participating students more likely to show this reaction. Significant differences between the groups was also found in the self-help needed category ($X^2=16.348$; $p=.001$) with controls and classmates more likely to recommend self-help. Participating students were significantly more likely ($X^2=16.402$; $p=.001$) to refer to other help needed.

Level of Concern and Confidence

Kruskal-Wallis tests revealed a statistically significant difference between the groups ($X^2=21.085$; $p=.000$) when asked '*How concerned would you be about Joe?*' highlighting higher levels of concern among the baseline group (mean 1.28; sd=.50) and semi-finalist group (mean 1.27; sd=.67) compared to the classmates (mean 1.89; sd=1.00) and the control group (mean 1.89; sd=1.06). When controlled for gender, it was found that females (mean 1.32; sd=.54) were more likely to express higher levels of concern than males (mean 2.02; sd=1.13). Kruskal-Wallis tests also revealed a statistically significant difference between groups ($X^2=13.751$; $p=.003$) in relation to the question '*To what degree do you feel you could help a friend like Joe who is in distress?*' The findings indicate that the participating students (baseline mean 1.84; sd=.53 and semi-finalist mean 1.88; sd=.59) felt more confident about helping Joe than the classmates (mean 2.17; sd=.91) and controls (mean 2.29; sd=.92). Responses were analysed for gender differences and none were found to be significant.

Behavioural Intention

All of the students ($n=665$) were asked '*How likely is it that you would take action*' on each of the behavioural intention items given in Table 8. Mean results and standard deviations are shown below in Table 8. All responses were controlled for gender. Significant differences between groups were found on all items except for '*Talk with Joe's close friends*'.

Table 8: Behavioural Intention

Response (n=665)	Baseline (n=43)		Semi-finalist (=26)		Classmates (n=300)		Control (n=296)	
	Mean	Sd	Mean	Sd	Mean	Sd	Mean	Sd
Talk directly to Joe	4.51	1.16	4.38	1.06	3.88	1.28	3.90	1.23
Talk with Joe's family *	3.91	1.06	4.23	1.27	3.11	1.40	2.96	1.36
Talk with Joe's close friends	4.30	1.24	4.65	.98	4.12	1.28	4.16	1.32
Talk with professionals*	4.07	1.18	3.64	1.19	3.15	1.52	2.77	1.36
Encourage Joe to seek professional help*	4.98	1.01	4.79	1.06	4.08	1.40	3.89	1.46
Ignore the problem*	1.35	.72	1.15	.46	2.03	1.28	2.07	1.30
Avoid contact with Joe *	1.16	.48	1.19	.49	1.94	1.25	1.88	1.27

*p=.05

(Scale; 1=definitely would not do; 2=very unlikely; 3=unlikely; 4=likely; 5=very likely; 6=definitely would do)

A significant difference between groups was found in relation to the item '*Talk directly to Joe about his problem*'..with participating students being more likely to endorse this course of action. However, a significant gender difference also emerged with females being ...(fill in here ..) .. The over-representation of females in the participating student groups would suggest that the observed differences may be attributable to an overall gender effect rather than a group effect in this instance.

ANOVAS revealed a statistical difference ($F=11.897$; $p=.000$) between groups in relation to the item '*Talk with Joe's family about his problem*'. Post-hoc analysis showed that these differences were found between the baseline and classmates ($p=.005$) and the baseline and controls ($p=.000$). Differences were also found between the semi-finalist and classmates ($p=.001$) and the semi-finalists and controls ($p=.000$) indicating that participating students were more likely to endorse this course of action.

There was no statistical difference found between the groups in relation to the item '*Talk with Joe's close friends about the problem*'. ANOVAS revealed a statistically significant difference between groups ($F=13.055$; $p=.000$) for the item '*Talk with professionals about Joe's problem*'. Post hoc tests showed these differences as lying between the baseline and classmates group ($p=.001$) and the baseline and control group ($p=.000$) and between the semi-finalist and control group ($p=.036$). In addition a difference was also found between the classmates and the control group ($p=.016$). These result show that the

control group were least likely to endorse this course of action compared with the other three groups.

A significant difference was also found between groups ($F=9.714$; $p=.000$) in relation to the item 'Encourage Joe to seek professional help'. These differences were found between the baseline and classmates group ($p=.002$) and the baseline and control group ($p=.000$). A difference was also found between the semi-finalist group and the control group ($p=.028$) indicating that participating students were more likely to support this action.

Concerning the item '*Ignore the problem as much as possible*', Kruskal-Wallis tests indicate a statistically significant difference between the groups ($X^2=29.149$; $p=.000$). By looking at the mean results we can interpret that the participating groups were less likely to ignore the problem. The effects of gender were examined and it was found there was no significant difference due to gender except with male semi-finalists (mean 1.07; $sd=.27$) expressing the highest reluctance to ignore the problem. A significant difference between the groups was found ($X^2=29.140$, $p=.000$) for the item, '*Avoid contact with Joe*', using a Kruskal-Wallis test. Mean results suggest participating students, both male and female, are less likely to avoid contact with Joe.

Causal Explanation

A question was also put to the semi-finalist, classmates and control groups asking '*What do you think might be causing Joe's problem?*' Students were provided with 11 options and were asked to indicate their level of agreement with each of the options using a scale from 1=strongly agree to 7=strongly disagree. Table 9 indicates the mean responses to each item across the three groups.

Table 9: Vignette Causal Explanation

Reason for Joe's problem Response (n=622)	Semi-finalist (n=26)		Classmates (n=300)		Control (n=296)	
	Mean	Sd	Mean	Sd	Mean	Sd
His age	3.62	1.72	3.95	1.70	3.82	1.80
School or exam pressures	2.15	1.05	2.61	1.37	2.60	1.38
Relationship problems with family or friends	2.46	1.07	2.41	1.27	2.41	1.22
Worries about sexual relationships	3.04	1.25	3.21	1.50	3.31	1.44
Earlier childhood problems	3.19	1.52	3.64	1.52	3.56	1.51
Disease of the brain or nervous system	4.15	1.78	4.60	1.71	4.68	1.75
Personality problems	3.54	1.45	3.23	1.53	3.23	1.58
An inherited problem *	3.96	1.66	4.72	1.61	4.47	1.57
Stressful events such as the death of someone very close	2.42	1.10	2.90	1.46	2.87	1.48
Worries about the future	2.08	.74	2.47	1.53	2.42	1.48
Other	0	0	1.78	1.32	2.01	1.40

*p= .05

No significant differences were found between groups in relation to this question with the exception of the item '*an inherited problem*' where a difference between groups was found to be statistically significant ($F=3.778$; $p=.023$). Semi-finalists were more likely to disagree with this statement than the other groups.

The explanation '*worries about the future*' scored highly across all of the groups but particularly with the semi-finalist group. The item '*relationship problem with family or friends*' scored almost the same across all groups. Respondents generally disagreed with the explanation '*disease of the brain or nervous system*'.

Knowledge and Attitudes towards Mental Illness

All knowledge and attitudinal items were analysed according to socio-demographic group using a 2 X 2 X 4 (gender: male/female X social class: SC1-3/SC4-6 X groups: baseline/semi-finalist/classmates/control) factorial design. Data analysis involved the use of either ANOVAS or Kruskal-Wallis depending on the level of data.

Differences were found between groups on 15 of the knowledge and attitudinal items (see Table 10). Significant demographic effects were also found on three items.

Using ANOVAS statistically significant differences were found between groups on all the following items.

- *'Someone with a mental illness looks the same as anyone else'*, (F=6.537; p=. 000). No significant demographic effects were found. Post-hoc analysis revealed the differences between groups were between the baseline and control groups (p=. 025); between the semifinalist and classmates (p=. 030) and between the semifinalist and controls (p=. 007) indicating that participating groups were more likely to agree with this statement.
- *'Medication with drugs is the only treatment for mental illness'* (F=4.687; p=. 003). Significant demographic effects were not found. Post-hoc analysis show us the group difference was between the semifinalists and their classmates (p=. 023) indicating that semi-finalists were less likely to agree with this statement.
- *'Mental illness is not very common in the community'* (F=9.47; p=. 000). No significant demographic effects were found. Using post-hoc analysis, group differences were found between the baseline and controls (p=. 043); between the semifinalists and the classmates (p=. 000); and between the semifinalists and the controls (p=. 000) with participating students less likely to agree with this statement.
- *'Teenagers are more likely to attempt suicide than older people'* (F=4.935; p=. 002). Significant demographic effects were not found. The differences between groups lay between the baseline and classmates group (p=. 015) and between the baseline and control groups (p=. 002) indicating that the baseline group agreed less with this statement than the classmates or the controls.
- *'Once you have any mental illness you have it for life'* .(F=2.740; p=.000). No significant demographic effects were revealed. The difference between groups was strongest between the semi-finalist and control groups (p=. 008) showing that the control group were more likely to agree with this statement.
- *'Someone with a mental illness is more likely to be artistic'* (F=1.534; p=. 039). Demographic effects were not found to be significant. Between groups semi-finalists were less likely to agree with this statement than the other groups.

- *'You can tell just by looking if someone has a mental illness'* ($F=4.687$; $p=.003$). In relation to demographic effects no significant result was revealed. Differences were between the baseline and control groups ($p=.048$) and between the semifinalist and control group ($p=.020$) showing that both baseline and semi-finalist groups were disagreed more with this statement than the control group.
- *'A person with a mental illness is usually very quiet and shy'* ($F=4.235$; $p=.006$) revealed a difference between groups but also revealed a gender effect ($F=5.572$; $p=.109$) showing that females were less likely to agree with this statement than males.

Kruskal-Wallis tests were carried out on the following items and a number of statistically significant differences between the groups were found:

- *'Having a mental illness means having a split personality'* ($X^2=28.675$; $p=.000$). We can interpret from the means that the semi-finalist groups (mean 3.92; $sd=.27$) are more likely to disagree with this statement. No demographic effects were observed between groups.
- *'It would be safer for the community if all people with a mental illness were kept in a hospital'* ($X^2=27.281$; $p=.000$). Mean results for each group suggest that participating groups were more likely to disagree with this statement than non-participating groups. A significant gender effect revealed that females (mean 3.65; $sd=.56$) were less likely to agree to this statement than males (mean 3.19; $sd=.90$). However, when we look at project participants at the semi-final stage we see that there is little difference between males (mean 3.86; $sd=.36$) and females (mean 4.00; $sd=.00$) on this item.
- *'Having a mental illness always means hearing voices that aren't there'* ($X^2=20.384$; $p=.000$). No significant demographic effects were found. The means of the baseline (3.88; $sd=.33$) and semi-finalist (3.85; $sd=.46$) groups suggest that participating groups were more likely to disagree with this statement than the classmates (3.48; $sd=.77$) and the control (3.52; $sd=.68$) groups.

- *'Someone with a mental illness is likely to be smelly or dirty'* ($X^2=19.716$; $p=.000$). From looking at the mean results we see that less of the participant groups agreed with this statement. No significant demographic effects were observed.
- *'Mental illness is a form of intellectual disability'*, ($X^2=29.398$; $p=.000$). No significant demographic effects were found. Inspection of the means suggest that the baseline (mean 3.51; $sd=.54$) and semi-finalist (mean 3.74; $sd=.54$) groups are more likely to disagree with this statement than the classmates (mean 2.98; $sd=.93$) and control (mean 2.95; $sd=.92$) groups.
- *'People with a mental illness are usually violent and dangerous'* ($X^2=33.030$; $p=.000$). It may be seen from the means that the classmates (mean 3.20; $sd=.75$) and control (mean 3.17; $sd=.63$) groups were more likely to agree with this statement than the baseline (mean 3.67; $sd=.53$) and semi-final (mean=3.68; $sd=.48$) groups.
- *'Mental illness can happen to anybody'*, ($X^2=20.731$, $p=.000$). The semi-finalists were more likely to agree with this statement than the other student groups. A significant gender effect was also observed with females (mean 1.45; $sd=.83$) more likely to agree with this statement than males (mean 1.73; $sd=1.08$). However, a significant gender effect was not in evidence within the semi-finalist group (male 1.07; $sd=.27$ and female 1.08; $sd=.29$).

No statistical differences were found between the groups on the following statements.

- *'People should sort out their own mental health problems'*
- *'Mental illness goes away by itself'*.
- *'People have no choice in whether they will develop a mental illness'*.
- *'Adults are more likely to have a mental illness than teenagers'*
- *'Different mental illnesses affect people differently'*

Table 10: Knowledge and Attitudes towards Mental Illness

Knowledge and Attitude Statements	Baseline (n=43)	Semi-finalist (n=26)	Classmates (n=300)	Control (n=296)	Significant differences between groups
	.Mean (Sd)	Mean (Sd)	Mean (Sd)	Mean (Sd)	
Having a mental illness means having a split personality ***	3.37 (.89)	3.92 (.27)	3.26 (.84)	3.14 (.80)	$X^2=28.675$
It would be safer ...if all people with a mental illness were kept in a hospital.***	3.76 (.43)	3.92 (.27)	3.32 (.86)	3.31 (.83)	$X^2=27.281$
Someone with a mental illness looks the same as everybody else ***	1.49; (.56)	1.35 (.56)	1.79 (.73)	1.87 (.77)	F=6.537
Medication with drugs is the only treatment for mental illness **	3.54 (.64)	3.69 (.47)	3.27 (.69)	3.31 (.64)	F=4.687;
Having a mental illness always means hearing voice that aren't there***	3.88 (.33)	3.85 (.46)	3.48 (.77)	3.52 (.68)	$X^2=20.384$
Mental illness is not very common in the community.***	3.28 (.72)	3.71 (.46)	2.99 (.73)	2.89 (.73)	F=9.647
Someone with a mental illness is likely to be smelly or dirty***	3.93 (.26)	3.92 (.27)	3.52 (.82)	3.59 (.67)	$X^2=19.716$
Mental illness is a form of intellectual disability***	3.51 (.64)	3.74 (.54)	2.98 (.93)	2.95 (.92)	$X^2=29.398$
Different mental illnesses affect people differently	1.49 (.72)	1.35 (.49)	1.73 (.69)	1.61 (.61)	F=1.060
People should sort out their own mental health problems	3.48 (.63)	3.64 (.49)	3.34 (.77)	3.30 (.83)	F=1.865
Teenagers are more likely to attempt suicide than older people.**	2.42 (.81)	2.00 (.84)	1.98 (.79)	1.90 (.73)	F=4.935
Once you have any mental illness you have it for life.***	3.32 (.62)	3.52 (.51)	3.19 (.66)	3.03 (.70)	F=2.740
People with a mental illness are usually violent or dangerous***	3.67 (.53)	3.68 (.48)	3.20 (.75)	3.17 (.63)	$X^2=33.030$
Mental illness goes away by itself	3.51 (.64)	3.54 (.51)	3.35 (.61)	3.46 (.57)	F=2.251
People have no choice in whether they will develop a mental illness	2.03 (.97)	2.12 (.82)	2.03 (.86)	2.00 (.89)	F=.136
Someone with a mental illness is more likely to be artistic.*	3.26 (.77)	3.47 (.51)	3.08 (.71)	3.01 (.78)	F=1.534
Adults are more likely to have a mental illness than teenagers	3.11 (.66)	3.15 (.59)	3.00 (.76)	2.97 (.70)	F=.686
You can tell just by looking if someone has a mental illness.**	3.58 (.50)	3.68 (.55)	3.33 (.71)	3.24 (.73)	F=5.353
A person with a mental illness is usually very quiet and shy.	3.38 (.64)	3.39 (.50)	3.02 (.75)	3.05 (.73)	F=2.121
Mental illness can happen to anybody***	1.17 (.38)	1.08 (.27)	1.48 (.67)	1.51 (.71)	$X^2=20.731$

*p=.05; **p=.01; ***p=.000. Scale; 1='strongly agree' 4='strongly disagree'.

Social Distance

All social distance items were analysed according to socio-demographic group using a 2 X 2 X 4 (gender: male/female X social class: SC1-3/SC4-6 X groups: baseline/semi-finalist/classmates/control) factorial design. Data analysis involved the use of either ANOVAS or Kruskal-Wallis depending on the level of data.

Differences were found between groups on four social distance items (see Table 11). Significant demographic effects were also found on one item.

Using ANOVAS statistically significant differences were found between groups on all the following items.

- *'Would you be willing to have a person with a mental illness become a close friend?'* (F=8.291; p=. 000). No significant demographic effects were revealed. The group differences were between the baseline and classmates group (p=. 023); between the baseline and control group (p=. 011); between the semifinalist and classmates group (p=. 004); and between the semifinalist and control group (p=.002) indicating that participating students overall expressed greater willingness to have a person with a mental illness become a close friend.
- *'Would you be willing to have a person with a mental illness as your teacher?'* (F=11.715, p=. 000). No significant demographic effects were revealed. The difference between groups was statistically significant between the baseline and classmate groups (p=. 007); baseline and control groups (p=. 000); semifinalist and classmate group (p=.015); and the semifinalist and control group (p=.001). Participating students were more willing to have a person with a mental illness as their teacher.

Using Kruskal-Wallis statistically significant differences were found between groups on all the following items.

- *'Would you be willing to have a person with a mental illness at your school?'*, ($X^2=33.873$; $p=.000$). No demographic differences were observed but between groups difference was significant with the Baseline (mean 1.36; $sd=.53$) and Semi-finalist (mean=1.20; $sd=.41$) groups expressing greater willingness than the classmates (mean=1.83; $sd=.81$) and the control (mean=1.87; $sd=.83$) groups to have a person with a mental illness in their school.
- *'Would you be willing to have a person with a mental illness live in your street?'* ($X^2=26.654$; $p=.000$). No significant demographic differences were revealed. Classmates (mean=1.67; $sd=.85$) and control (mean=1.69; $sd=.80$) group responses indicated less willingness to have a person with a mental illness live in their street.

A gender effect was observed with the following item:

- *'Would you be willing to have a person with a mental illness marry into your family?'* ($F=8.337$; $p=.004$). Females expressed a greater willingness to have a person with a mental illness marry into their family. Male participants were also more willing to have a person with a mental illness marry into their family than non-participating male respondents.

Table 11: Social Distance

Statement	Baseline (n=43)	Semi-finalist (n=26)	Classmates (n=300)	Control (n=296)	Significant differences between groups
	.Mean (Sd)	Mean (Sd)	Mean (Sd)	Mean (Sd)	
Would you be willing to have a person with a mental illness at your school?***	1.36 (.53)	1.20 (.41)	1.83 (.81)	1.87 (.83)	$X^2=33.873$
Would you be willing to have a person with a mental illness marry into your family?	1.98 (.84)	1.77 (.91)	2.36 (.97)	2.46 (.93)	F=2.570
Would you be willing to have a person with a mental illness become a close friend?***	1.60 (.70)	1.38 (.64)	2.04 (.93)	2.08 (.86)	F=8.291
Would you be willing to have a person with a mental illness as your teacher?***	2.05 (1.01)	1.96 (1.00)	2.63 (1.00)	2.81 (1.00)	F=11.715
Would you be willing to have a person with a mental illness live in your street?***	1.17 (.44)	1.23 (.43)	1.67 (.85)	1.69 (.80)	$X^2=26.654$

*p=.05; **p=.01; ***p=.000. Scale; 1='very willing' 4='not at all willing']'.

Mental Health Literacy

Respondents were asked a variety of open and closed-ended questions with regard to their concepts of mental health, knowledge of mental health and mental health services. In all cases respondents gave more than one response. Percentage amounts in each table were worked out within groups and because more than one response was given in most cases, column totals are more than 100.

All groups were asked ‘*What does Mental Health mean to you?*’ 594 out of the 665 students responded giving a total of 806 responses, which were coded and categorised as seen in the following Table 12:

Table 12: What does mental health mean to you?

Response Categories (n=594)	Baseline (n=39)		Semi-finalist (n=26)		Classmates (n=264)		Control (n=265)	
	Freq	%	Freq	%	Freq	%	Freq	%
Coping/dealing with problems	10	23	8	31	49	19	31	12
Ability to relate to others	13	30	8	31	12	5	10	4
Emotionally healthy/ balanced/stable	27	63	13	50	151	57	135	51
Feeling good about yourself/your life	13	30	12	46	38	14	50	19
Positive healthy attitude to life	6	14	4	15	16	6	8	3
Other	3	7	1	4	43	16	23	9
Absence/presence of illness	0	0	0	0	58	22	64	24

Responses to this question show that participating students were more likely to view mental health in a positive way eg *feeling good about yourself and/or your life*, and having a ‘*positive healthy attitude to life.*’ None of the participating groups saw mental health as the ‘*absence/presence of illness*’, and there was also a difference between how the control group (12%) and the semi-finalist group (31%) saw the ‘*coping/dealing with problems*’ as being an aspect of mental health.

The semi-final, classmates, and control groups were asked ‘*What in your opinion is important in ensuring your own positive emotional and mental health?*’ A total of 541 students gave a total of 946 responses, which were coded and categorised as displayed in the following Table 13:

Table 13: What is important in ensuring your own positive emotional and mental health?

Response (n=946)	Semi-finalist (n=23)		Classmates (n=261)		Control (n=257)	
	Freq	%	Freq	%	Freq	%
Relaxation/leisure/time-out	6	26	62	24	48	18
Ability to express feelings/relate to others	9	39	55	21	90	35
Achievable goals to aim for	1	4	9	2	11	4
Happy/balance/enjoyment in life	4	17	39	15	37	14
Physical health ie diet/exercise/sleep	3	13	34	13	27	11
Support of family/ friends	12	52	123	47	124	48
Minimise stress/cope with problems	6	26	23	8	42	16
Self-confidence and esteem	2	9	35	13	41	16
Positive outlook/ optimism	4	17	43	16	25	10
Other	3	13	24	9	4	2

A number of differences emerged between the groups. In particular more semi-finalists mentioned minimising stress/cope with problems as being important in ensuring positive mental health than the other two groups. Other differences included a greater percentage of semi-finalists and classmates mentioned positive outlook/optimism as being important. Relaxation/leisure/time-out was also mentioned by a higher percentage of students in the semi-final and classmates groups. Fewer students in the classmates group mention the ability to express feeling/relate to other as being important than the other two groups.

All groups were asked ‘*Have you heard of any particular mental illnesses... list them here?*’ A total of 549 students gave a total of 1637 responses. These responses were coded and allocated to one of the following categories: schizophrenia, depression,

neuroses, personality disorders, substances abuse, eating disorders, organic psychoses, suicide/self-harm and other. In some case respondents mentioned more than one illness belonging to a particular category. Using the ICD-10 as a guide, responses were further categorised as being correctly or incorrectly identified. The following Table 14 shows the responses received.

Table 14: Have you heard of any particular mental illnesses.

Illness Responses (n=1637)	Baseline (n=36)		Semi-Final (n=23)		Classmate (n=262)		Control (n=228)	
	Freq	%	Freq	%	Freq	%	Freq	%
<i>Correctly identified</i>								
Schizophrenia	30	83	21	91	186	71	117	51
Depression	32	89	23	100	200	76	173	76
Neuroses	31	86	13	57	66	25	33	14
Personality Disorders	4	11	4	17	30	11	19	8
Substance Abuse	4	11	7	30	31	12	9	4
Eating Disorders	19	53	11	48	50	19	30	13
Organic Psychoses	1	3	2	9	78	30	65	28
Suicide/self-harm	3	8	5	21	15	6	14	6
Other	9	25	20	87	33	13	30	13
<i>Total</i>	142	99	116	98	689	87	490	84
<i>Incorrectly identified</i>								
Learning Disability	1	3	3	13	40	15	58	25
Physical ill/disability	1	3	0	0	4	2	29	13
Other	0	0	0	0	55	31	9	4
<i>Total</i>	2	5	3	2	99	13	96	16

Variations were clear between groups. On the whole student who participated in the project (baseline 5% and semi-finalist 2%) were less likely than their classmates (13%) and controls (16%) to incorrectly identify a mental illness. High numbers of students in all groups identified depression with participating students often mentioning more than one type of depression. Schizophrenia was also commonly identified particularly among the semi-final group and their classmates. Eating disorders were more likely to be mentioned by the baseline and the semi-finalist groups. Classmates and control groups were more likely to mention organic psychoses (eg. Senile Dementia, Alzheimer’s Disease) than the participating groups.

All students were asked ‘*How did you find out most of what you know about mental health issues?*’ 13 options were given and students were asked to tick those options that described their sources. More than one response was permitted. The results are displayed in Table 15 below:

Table 15: How did you find out most of what you know about mental health issues.

Source of Information Responses (n=1809)	Baseline (n=43)		Semi-Finalist (n=26)		Classmates (n=300)		Control (n=296)	
	Freq	%	Freq	%	Freq	%	Freq	%
Friends	8	19	2	8	52	17	62	21
Family	15	35	5	19	77	26	89	30
School	20	47	9	35	140	47	87	29
Internet	18	42	15	58	19	6	20	7
TV/Radio	16	37	7	27	97	32	122	41
Newspaper	16	37	15	58	77	26	89	30
Books	17	40	15	58	38	13	54	18
Posters/pamphlets	21	49	13	50	43	14	36	12
Health Professional	13	30	6	23	40	13	27	9
Movies	6	14	1	4	72	24	88	30
Knowing someone with a mental illness	11	26	4	15	59	20	67	23
Don't know	0	0	0	0	36	12	43	15
Other	0	0	0	0	13	4	9	3

Amongst baseline students the most popular sources were posters/pamphlets (49%), school (47%), internet (42%) and books (40%). Internet, newspapers, and books each at 58% were the most popular with the semi-finalist group, with school next at 35%. Within the classmates group school was the most common source was school at 47% followed by TV/Radio at 32%. Family and newspapers came next each at 26%. TV and radio was the most popular source at 41%, followed by movies (30%), newspapers (30%) and family (30%) for the control group. School came next at 29% followed by knowing someone with a mental illness (23%).

All groups were asked *'Do you know of any agencies or organisations that (national and local that are involved with mental health or work with those suffering from mental health problems/mental illness?'*. 57% (n=381) of the student respondents answered this question and many gave more than one response. Table 16 below illustrates the most popular responses and their distribution among the groups.

Table 16: Mental health agencies/organisation responses by group.

Response (n=564)	Baseline (n=36)		Semi-finalist (n=23)		Classmates (n=155)		Control (n=167)	
	Freq	%	Freq	%	Freq	%	Freq	%
Aware	16	44	16	70	38	25	38	23
Grow	8	22	8	35	0	0	0	0
MHAI	18	50	13	57	33	21	9	5
The Samaritans	2	5	6	26	27	17	37	22
Schizophrenia Ire	1	3	1	4	0	0	1	.5
AA, Al-anon etc	1	3	2	9	5	3	0	0
Local psychiatric/Rehab unit	3	8	9	39	105	68	31	19
Suicide Bereavement	3	8	3	13	0	0	0	0
Childline	0	0	3	13	3	2	9	5
Other	18	50	9	39	41	13	47	28

Participating students were more likely than non-participating students to identify a mental health agency or organisation. Across the groups the most frequently mentioned organisation was the local psychiatric or rehabilitation unit with 38% (n=148). This was particularly high (68%) with the classmate group. In terms of voluntary organisations, AWARE was mentioned by 28% (n=108), the MHAI by 19% (n=73), and The Samaritans by 19% (n=72). Identification of these groups was particularly high in the semi-final group. Grow was mentioned by both participating groups but not by the classmates or the control group.

All participants were asked '*Do you know anybody who has had mental health problems?*'

Options were given and more than one response could be recorded. 621 of the students answered this question. Table 17 below illustrates the responses by group.

Table 17: Do you know anybody who has had mental health problems?

Response (n=621)	Baseline (n=40)		Semi-Final (n=25)		Classmate (n=300)		Controls (n=256)	
	Freq	%	Freq	%	Freq	%	Freq	%
Family	12	30	3	12	42	14	36	14
Relation	13	33	9	36	59	18	61	24
Friend	14	35	11	44	49	16	54	21

Someone local	14	35	6	24	91	30	71	28
Someone at school	7	18	8	32	51	17	54	21
Someone you heard of	17	43	7	28	90	30	83	32
Other	0	0	0	0	21	7	18	7

Responses indicate that many of the students who participated in the evaluation know somebody who has had mental health problems. 35% (n=235) of the respondents across the four groups had a family member or relation who has had mental health problems. This was highest in the baseline group (58%; n=25) and semi-finalist group (46%; n=12). 19% (n=128) of the total group knew a friend who has had mental health problems and again this was higher in the participating groups (baseline 35%; semi-finalists 44%). 18% (n=120) of the total group knew someone in their school who had had mental problems. and 57% (n=379) of the total group knew someone local or someone they had heard of who has had mental health problems.

Students were asked ‘*If someone they knew had mental health problems what would they do?*’ A number of options were given and students could tick more than one option. A total of 649 of the students responded to this question.

Table 18:

Response (n=649)	Baseline (n=42)		Semi-Final (n=25)		Classmate (n=300)		Controls (n=282)	
	Freq	%	Freq	%	Freq	%	Freq	%
Not talk about it	0	0	0	0	43	14	32	11
Talk to friends	16	38	10	39	65	22	79	28
Talk openly about it	4	9	9	35	43	14	54	19
Talk to parents	17	41	9	35	77	26	72	26
Don't know what I'd do	10	24	2	8	88	29	91	32
Other	0	0	0	0	17	6	20	7

26% (n=170) of the total respondents said they would talk to friends about it if someone they knew had mental health problems. This was highest amongst participating students. 27% (n=175) said they would talk to parents if someone they knew or someone close to them had mental health problems and again this was highest among participating students. 29 % (n=191) said they don't know what they'd do and this was lowest in the semi-final group (8%). 17% (n=110) said they would talk openly about it and again this was highest in the semi-final group. None of the participating groups said they would not talk about it if someone they knew had mental health problems compared with 14% from the classmates group and 11% from the control group.

Teacher Interviews

Participating Teacher Interviews at Semi-final stage (n=9)

Teachers were interviewed with regard to their experience of the project. Questions grouped into the following:

Previous Participation

All of the schools interviewed at this stage had previously participated in the project and in most cases had progressed beyond the 1st round. All interviewed felt that the students did enjoy participation in the project.

Motivation for entering

In many cases teachers entered the project because they had a personal interest in public speaking and mental health. A number of teachers have been involved for a number of years and a number of the schools had a tradition of entering for the

project. The benefits to the children concerned would have been a very important consideration for many of the teachers.

Team Selection

In terms of selecting students for the teams a variety of different methods were used. In some cases there was an element of internal selection where the teacher announced the project and invited interested students to participate in an audition or essay writing competition. In other cases students presented to the teacher with a request to enter and in other cases the teacher had to approach students individually.

Level of Involvement

In most cases the teacher was quite involved in helping the students prepare their speeches. The role of the teacher seemed to be mostly in terms of directing the structure of the speeches, co-ordination of the work, providing research and guidance. In all cases the students wrote the speeches themselves.

The level of classmate involvement varied. In most cases it was just the team members who were involved in the preparation for the project. However, two of the teams involved carried out a survey on their classmates and the results were incorporated into the speeches. In a few cases speeches were practiced in front of classmates and again if feedback was received it was incorporated where appropriate.

Range of activities undertaken

All of the teams met a minimum of twice a week and in some cases more. Activity tended to increase coming up to a round of the project. Most of the meetings were outside of regular school hours such as lunchtime or evenings. On a few occasions if the group and their teacher had a free class they would meet then also.

Topics were researched using a variety of different methods. In all cases the Internet was one of the most popular means of acquiring the necessary information. Some students visited their local health centres and voluntary organisations. Libraries were also valuable sources of information. The local MHA proved to be a good source also for some of the schools involved. Students also used books, newspapers, radio and

television. In some cases where the teacher had had previous involvement with the project they would have collected information over the years which the students used.

Benefits of the project

There were many reported benefits to the students of this project. All of the teachers mentioned the increased awareness around mental health issues that this project brought to the participants. Another benefit mentioned by all interviewed was that participation in the project, increased confidence and esteem in the individual. Other benefits mentioned by most of the teachers included development of public speaking skills, team- work, and academic benefits.

In terms of benefits to the school as a whole many of the teachers felt that the project was good for introducing mental health issues to the school. In terms of the image of the school participation was also seen as '*good PR for the school*' and could be seen as a source of pride in the achievements of the team. Other benefits mentioned were that the project '*provides an outlet for non-sporting activity*'. One teacher did say that she felt that the project really only benefited the students involved, and another said that in a big school it is hard to assess the overall benefit.

When asked if the project led to a greater understanding of mental health in general to the project team and their classmates most of the teachers felt it had but a few did feel that this was really only applicable to the team involved. One teacher said '*certainly yes... but particularly to the project team... they are much closer to the information and would dealt with it in much more detail*'.

The teachers were also asked if the project had lead to a greater understanding of mental health in general in the school. Again the majority felt that it had but to varying degrees with the real benefits going to the students who were actually involved. One teacher felt that it had not and another stated '*I am not convinced it had seeped through to the school*'.

The project had a very positive impact on how the students' viewed mental health issues according to all the teachers. One teacher explained it *'turnaround in the kid's attitudes....because it provides knowledge and counters stigma'*.

Again most of the teachers felt that the project had an educational value for students involved. Not only was the project seen as having an educational benefit in terms of the increased knowledge around mental health issues but participation in the project also improved students' skills in many ways academically. The biggest benefits academically were in terms of research skills, language skills, structure of essays etc.

The teachers were also asked if they thought that the project has a public/social value. Some felt that there was a public/social value others felt that it was limited. One of the limiting aspects of the project was that not enough people attend. Many felt that the value of the project would be greatly increased publicly if more people, that is both students and the general public, were to attend. Other teachers felt that the project had a significant public/social value in that the students who participated are more socially aware and maybe the decision-makers of the future. As one teacher said *'when a 15 or 16 year old stands up and sells a message with a different spin on it, it does have an impact'*.

Reported barriers and difficulties

Teachers were asked what difficulties if any had been experienced. The difficulty most widely mentioned was finding the time to prepare, research and practice. Most of the work was done out of school hours so this was a difficulty. Finding the relevant research was mentioned a difficulty for a few of the teachers. Most of the teachers mentioned difficulties they have had with the adjudication either this year or in the past. Some of the issues mentioned were inconsistency between judges or judges applying different standards. Other difficulties mentioned were dissatisfaction with decisions made at local level and difficulties around the early rounds and adjudication. One teacher felt that traditionally the feedback is good but sometimes the adjudicators are not sensitive enough to the fact that the students are 15 or 16 years of age.

Other difficulties mentioned included motivating the students and keeping them motivated. One teacher also mentioned that the competitions are always in the evening or at weekends and this can be a difficulty.

Other Comments

Teachers were asked for comments or suggestions on the project. A number of teachers felt there was not enough publicity at local level or national level. A few mentioned that the MHAI could perhaps visit more schools at a local level to encourage them to get involved. There was a recognition that it is a project and not a competition but a few teachers commented about this. One felt that there should be a greater recognition of those that enter to win.

Further comments were received with regard to adjudication. One teacher commented on the sensitivity used by the adjudicators... *'poured oil on the wounds'*. Another teacher felt that some fresh blood could be introduced at the adjudication level... *'it's the same people past 10-15 years... and they think they have nothing to learn'*. One teacher mentioned that it might be kinder to the team members if the adjudicators gave a general comment on each of the teams and then after tell the individual teams why they were chosen or not. Another teacher said the adjudicators' feedback was very careful and helpful and suggested that they [the adjudicators] continue to be as open and as straight with the teachers involved.

One teacher commented on the fact that the students who entered the project were usually students from good social backgrounds who have had the opportunity to attend speech and drama classes..... *and from that point of view it may not be the most suitable project... it is wonderful for the kids who are getting it but it is selective'*.

One teacher did question the waste of all the good work as a result of students eliminated after the 1st round... *'students improve with continuous involvement... with early elimination they throw all the work aside...perhaps they could have a round robin type of project... would take the competitive edge out also.'*

The MHA at both local level and national level received a lot of praise, particularly the project co-ordinator, with regard to their level of support for the teams, support with research. Overall the project was described by a few teachers as being very well run, very well organised very worthwhile. In the words of one teacher *'it is a very valuable project and I think it should be continued.'*

Control School Teacher Interviews (n=8)

Interviews were sought with teachers from the 9 control schools to explore their views on the project, previous participation and current barriers to entry. 8 teachers were interviewed.

Previous Participation

Six of the teachers interviewed had heard of the project in the past. Knowledge of the project was fairly limited. Six of the schools had been involved with the project in the past but in all cases it was at least three years ago. Previous participation had been sporadic or irregular. The schools had achieved various levels of success with some winning one or two rounds and one team going to the regional final. In general the teachers felt that the students who were involved did enjoy the project.

Difficulties

Teachers who had participated in the past were asked what difficulties (if any) were experienced. Two of the teachers felt they had no real difficulties. In general few difficulties had been experienced. For two of the teachers the primary difficulty was the length of time of the speeches, 7 minutes and the associated work was considered difficult for students. Other difficulties mentioned were time, availability of teachers, and the abstract nature of the topics.

Information received

The teachers were asked if they had received information from the MHAI in the academic year 2000/2001. Two out of the eight interviewed said they did not receive information from the MHAI this year, two teachers said they did and the rest suggested they did but did not take it on board. Teachers were also asked about follow-up from the MHAI and again there was uncertainty with two teachers confirming follow-up.

All teachers said they would like to receive information in the future and all felt that a teacher in their school would be interested in becoming involved.

Other participation

Six of the control schools were involved in debating competitions and two of the schools were involved in public speaking competitions. Other projects or competitions entered by these schools included, art competitions, fashion, Young Scientist of the Year, mathematics competitions. One of the schools had a very strong sports tradition with little room for other activity. All of the schools have had some level of success with these competitions.

When asked reasons for entering these competitions or projects, the main reason cited was the availability of a teacher with the direct interest in the area. School tradition was also mentioned. In one of the public speaking competitions the speeches were 3 minutes and that was a consideration.

Five of the schools had a tradition of public speaking in the school to some extent and additional two schools had a tradition of debating.

Perceived benefits

When asked if there are benefits to the students who participate in the project all of the teachers agreed there were. Most teachers felt that the main benefits include increase in confidence, develop public speaking skills and awareness of mental health issues.

Most of the teachers agreed that the project would lead to a greater understanding of mental health in general in the school. Some felt that it might be limited in reaching the wider school... *'excellent for those involved but missing out on others'*.

All of the teachers felt that the project could have an educational value for students in the school. The educational benefits included developing skills in researching and writing. In addition other educational aspects mentioned included breaking down prejudices, learning about mental health and developing awareness.

When asked if the educational value would be equally beneficial for all students, teachers for the most part felt that the greater benefits would be to the students

actually participating in the project. One teacher felt that given the level of ability required it may be seen as something for the brighter students. Another teacher said the some students might not have the confidence to get involved... *'sometimes it can take extra time and a little courage to identify those children and sometimes I think they are missed out on'*. Two of the teachers felt that it would benefit the senior students more than the younger ones. Another two teachers felt that if the project was widespread internally you would involve a lot more and benefit a lot more.

Barriers to entry

The teachers were asked if there was any specific reason why they did not enter the competition in the past and this year. Two of the teachers again mentioned the 7 minutes of the speeches as a deterrent. Another said that he preferred the 'cut and thrust of debating where people can interrupt you and you have to think on your feet. Debating was also seen as being 'less formal'. Other reasons mentioned were involvement in other competitions and the need to engage an interested teacher to take on the project. One teacher said he didn't receive any information.

Teachers were also asked what the barriers are to their schools entering the project. Time was the main factor. The school curriculum is overloaded and both teachers and students are overloaded. Other factors mentioned included the length of time of the speeches, lack of knowledge about the MHAI and availability of an interested teacher. The current industrial climate was also mentioned in the context that teachers may not be as willing to get involved in the future as they were before. One school mentioned that priority in their school is given to sporting activities but that once the students interested in public speaking are given the information there should be no barriers.

When asked what would encourage more schools to participate in the project a wide variety of responses were received. Two of the teachers mentioned a good prize and a prize for the teacher also. Another suggestion was to make the project *'more student friendly and less daunting.... 'it might attract more'*. It was also suggested that the level of difficulty for the 1st round be reduced. Three teachers mentioned some form of development within the school such as an internal school competition. One teacher said, *'to do well at school level would be as important as doing well against the other schools... anything a child takes part in and is praised for his effort will certainly be*

far better than what is not happening'. Another teacher mentioned variety....'sticking to a single process on anything wears thin... if they had one or two different projects such as poetry writing or art competition where they are all basically around mental health... but at least it is a different kind of stimulator'. Three of the schools felt that greater awareness around the MHAI and the work that they do would create an interest.

Other comments

Teachers were asked if they had any other comments or suggestions they would like to make. Again the profile of the MHAI was mentioned with quite a number of the teachers suggesting greater awareness of both the organisation and the project. One teacher suggested that the MHAI send information on the project to a few people within the school. Using the print media such as articles in teachers magazines, guidance magazines, E & L supplement in the Irish Times and other magazines was suggested as a good way of communicating information about the project to teachers. Another teacher said that teachers could be identified, encouraged, supported and acknowledged... *'this will develop people within the school that are attached and loyal to the MHAI.'*

One teacher felt that the project reaches out to a select number of students and suggested involving more students by organising a school project or a class project... *'because really in practical terms it will be the three or four students who are taking part the will really benefit from this project'*.

A few comments were made about the format of the project such as *'whole area of public speaking....is it a bit outdated? In my old school they don't do it anymore because things have moved on'*. and *'would like the school to take part but to be brutally honest, I cannot give an assurance that we will be involved if the competition continues with its present format... reduce time form 7 minutes to 3 minute'*, and *'variety'*.

Other comments made were *'the whole idea [mental health] is so important'*; *'benefits are enormous to the students involved'*, and *'I do congratulate the MHA for*

running something like this and I think it is a very good way in terms of students becoming aware'.

Stage 3 – Final

Focus Groups

Focus group interviews were carried out with the 3 teams participating in the final. A total of 10 students took part in these interviews. Two of the teams were interviewed prior to the final. Due to time constraints two of the interviews were not completed. The 3rd team was interviewed after the final had taken place. The interview schedule can be seen in the appendices (Appendix 1E).

Overall the students who participated in the project final spoke positively about their experience and the project itself. These feelings are reflected in comments such as *'good experience to learn about the different types of mental illness and mental health'*, *'it has generally increased pretty much everyone's knowledge of mental health and issues related to it'*, and *'taking part really opens your eyes'*.

Benefits

For the students involved there were many benefits to being involved in this project. All of the students mentioned the increase in their knowledge and understanding of mental health and mental health issues. *'We didn't know that much about it [before], I mean we knew what everybody thinks they know and then we found out so much more'*, and *'taking part really opens your eyes'* are some of the comments reflecting these feelings.

Many of the students felt that the increase in their knowledge and understanding of mental health and mental health issues extended into the school, family and into the audience. As one student said *'I would be doing my speech at home and my parents would be listening... and my brothers and stuff... so they would learn and understand'*. Another student said *'the people are actually listening to you'* and *'we know they've been influenced'*.

However a couple of the students felt that the impact on others was not as great, *'I'd say that the influence within the school is a little limited... and do you really learn from being in the audience?'*, *'it is a very narrow thing.... it is very difficult to get*

through to a person just on hearing a speech’, and ‘a lot of our schoolmates were quite bored listening to 21 minutes of mental health.... that might defeat the use of the thing... older people get more out of it’. These students did feel though that some of this could be overcome with a little audience interaction or a questions and answers session. One suggestion was that the judges were professionals in their field and would know answers... *‘I think it is a little negligent not to use their professionalism in a questions and answers session’.* Another student from that groups said, *‘we did an awful lot of research ourselves and maybe we might be able to shed a little light on what we said and some of our speeches and explain it so just to make a bigger impact on the audience.... so that they understand... we know that the judges know what we are saying but the audience in some circumstances might not’.*

Some students felt that the project had a positive impact on their general education with improved skills in research, writing and English, *‘Even if you didn’t want to know the information or your didn’t want to go on and study psychology or mental health, for English essays alone, we can write numerous essays on topics and we can manipulate whatever we’ve learnt’* and *‘we learned some valuable skills.’*

One of the benefits clearly felt by all contestants, was the confidence gained from participation in the project. Comments such as *‘we are far more confident now’, ‘it really helped to build confidence’* and *‘to me it meant gaining confidence’* were frequently made throughout the focus group sessions.

Most of the students reported an improvement in public speaking skills. A few students entered the competition for this reason. Many of the students said that speaking in front of people was one aspect of the project they enjoyed the most, *‘speaking in front of people...it’s a big thrill... it is a big adrenaline.... The power’,* and *‘getting up, saying your speech and looking at everyone’s reactions and what they think’.* However this was not the case for all students with one student reporting that they felt the performance aspect of the project was *‘more difficult... more stressful’.*

The acknowledgment received from their peers, family and audience was important to quite a few of the team members, with comments such as, *‘I love the way the adults*

would come up to you and say 'I don't know how you did, I wouldn't be able to get up there', 'all our families were proud of us as well, and 'a lot of respect from people in our school'.

All of the participants very much worked as a team and felt there was learning in this experience....'we learned to work as a team', 'we were together as a group' and 'we worked as a group mainly... we never really worked on our own... we all worked... the three of us together'.

Difficulties

The students did have a few difficulties with the project. The main difficulty was time. Finding time to research, write speeches and practice could sometimes be difficult. One student summed it up in the following sentence: '*practice for speeches, practice delivering them, everytime we practice it is 21 minutes listening to speeches... and 1 hour analysing what we have done... so in the sense it is very time consuming and then the actual preparation of speeches as well.* In all cases students stayed on after school, worked through lunchtime and during free periods to work at the project... '*it's a lot of afternoons after school, you have to be prepared to give your time*'.'

In addition a few of the participants were also studying for their Leaving Certificate and though this did not appear to be a major difficulty it did put a little extra pressure on those students. One student said '*I wouldn't say some of my subjects have suffered because of it but I definitely have taken time from my study*' and another stated '*we are going straight into the Leaving Cert so we won't have time to hang round. We need it behind us at this stage*'.

However many of the participants felt that it was worth putting all of the extra time in. This is reflected in comments such as '*If it's worth doing... it's worth doing all the way... so you will make the time*', and '*yeah a lot of time had to go into it... sometimes it would get to you... but it paid off in the end*'.

There were mixed views from some participants with regard to the marking scheme. A few students felt that it was weighted in terms of content. One student felt *'the marking scheme is weighted in favour of the content of statistics, of facts, and that reduced my enjoyment of it... I didn't like that'*, and another student said *'it is very biased in 65% content and 35% presentation... which does reduce the speech and the way you give it'*. Another student felt that *'in a public speaking project it is very hard to speak in numbers and that seems to be what is stated... I think it should be more of a personal approach'*.

However one student did acknowledge that *'the whole point of having this competition is to create awareness so I can see also why you do need a certain mixture of content and presentation'*. Other viewpoints expressed by students on the marking scheme were *'even the marking and everything, was fair, because 65% is content, so it's not completely going on your performance'* and *'you work really hard but on the night if you get nervous and falter at least not all the marks are going for how you perform it, because with nerves and that.....'*

A few students mentioned that they had difficulty in finding up to date statistics. This was particularly the case with up-to-date Irish statistics with up-to-date foreign statistics being easier to obtain. One student felt that obtaining research excluded some people from participation in the project. *I think this type of project is veered to the more middle class type of person because to get research you need to have a computer... you need to be connected to the internet. Whereas you might have a computer and the internet in school you won't always have access to it... so it would have been harder for a person without a computer'*. However the biggest difficulty cited with research was finding the time.

A couple of students did mention a little inconsistency with adjudication such as *'there were discrepancies in what they were looking for... things that weren't written on the marking scheme'*, and *'stuff like maybe speaking behind the podium and speaking in front of the podium... it depends on the person.'* Other students felt that

the way adjudicators gave feedback individually was very valuable but felt that more suggestions could be given to students in the earlier round.,

In general the project was viewed very positively with many benefits. One team felt strongly that it would be a good project for people with low self-confidence if one could get them involved..'... *they'd get to be part of a team, they'd get to speak to a large crowd which would help them overcome, and they would get to research problems*', would help *'conquer low self-esteem'*, and *'grow confidence'*.

The fact that the project was seen as a project and not a competition takes the *'must win'* attitude out of it which is good. Some of the students expressed that winning was less important than what they felt they had achieved. One student summed it up when they said *'I look at it now... it wasn't really about winning... when we think about it we learned so much'*. Other comments were *'it doesn't matter if you win or not'*, and *'after to know that we have done really, really well'*, and *'there were three groups and everyone was really good'*.

Students felt that they had achieved a lot by participating in the project. The achievements felt were varied from increased confidence to developing better public speaking skills to an increased knowledge and understanding of mental health and mental health issues. The experience would benefit them in the long term as reflected in comments such as *'if we can talk about issues like that we can talk about anything you can do anything'*. *'we gained a lot... it worked out really well'* and *'it was all beneficial, we are glad we did it'*.

With regard to the project itself one student *'We know now what it is about and we didn't learn that at school, we learned it from doing the project in school.'*

Audience

A total of 121 questionnaires were distributed at the final. The response rate was 71% representing 86 people in the audience.

Audience Profile

69% (n= 59) of the audience were female and 31% (n=26) were male. 57% (n=48) of the audience were between the ages of 35-64 and 38% (n=32) were under the age of 35.

53% (n=39) were married and 42% (n=31) were single.

61% (n=49) of the audience had attended 3rd level education. 30% (n=25) were either in school or college and 53% (n=44) were working. 48% (n=41) knew one of the team members participating in the project. 17% (n=15) were there for the art competition and 12% (n=10) were members of the MHAI.

Reactions to the project and its impact on awareness among the audience

92% (n=78) of the audience agreed that the project promotes awareness among young people of the concept of positive mental health. The project helps to reduce negative attitudes according to 72% (n=60) of the audience and 92% (n= 75) believed the project promoted awareness of the causes and effects of mental illness.

In rank order, the project was perceived as affording an opportunity for students to learn about mental health (60%), develop public speaking skills (25%) and to be a team player (15%). 89% of the audience surveyed felt that the project had improved their own understanding of mental health.

The audience were asked what they felt was the most valuable aspect of the project. Responses indicated that for many respondents the idea of creating awareness of mental health issues amongst students and the promotion of positive mental health was very valuable. This was reflected in statements such as '*give young people the chance to learn and find out about mental health*' and '*promoting mental health – positive to young people*'.

The audience was also asked what they felt was the least valuable aspect of the project. 28 of the audience members answered this question and the responses reflected a wide range of views. The most common response was that someone had to

win. A few audience members felt that it was not promoted or advertised enough. One audience member said that *'the formal and less creative choice of public speaking as the method of presentation'*.

75% gave a very positive rating of the overall value of the project and 95% agreed that they would attend similar events in the future. In general the audience felt that the project was very good and well organised. Some of the comments from audience members reflecting this were, *'very worthwhile and should be promoted'*, *'I feel that it is a really important and valuable project'*, and *'provides a wonderful means of opening up mental health awareness especially with young people'*.

DISCUSSION

The results of this study overall indicate that the MHAI Public Speaking Project has a positive impact on how participating students view mental health and mental health issues. This effect appears to be strongest for those students who are actively involved in the project over a longer period of time.

Socio-demographic influences

Research would indicate that females are more likely than males to recognise a mental health problem (Albizu-Garcia et al 2001). Investigators consistently have reported significant differences between girls' and boys' attitudes. A study by Lopez (1991) examining adolescents' attitudes, found girls were less authoritarian, more benevolent, more socially accepting and less socially rejecting towards people with mental illness. Gender differences were apparent also in this study with females showing greater recognition of the signs and symptoms of depression, more likely to disagree with negative statements about mental illness and more likely to express a willingness for closeness in the social distance scale. Males in general scored lower than females with the exception of the baseline and the semi-finalist groups, whose scores were usually as high as their female counterparts, indicating that direct participation in the project had a significant impact in particular on male students. Lopez (1991) also reported a reduction in gender differences following instruction related to mental health and mental illness.

Analysis of the effects of social class on knowledge and expressed attitudes did not reveal any significant effects in this study. This supports the findings from Lopez, (1991) which also reports that the social class groups expressed similar attitudes toward mental illness and the mentally ill. Analysis of the location of respondents, urban or rural residence, in the present study, showed that while more students from rural areas participated in the project particularly at the baseline state, area of residence revealed no significant influence on responses.

Participating Students

Expectations and Achievements

Students at the baseline stage had high expectations of the project with the majority expecting the project to give them a better understanding of mental health issues (98%). At the semi-final stage 96% of the students felt that the project had given them a better understanding of mental health issues. 96% of baseline students expected the project to give them a better understanding of mental health services and 100% at the semi-final stage felt that this had been achieved.

Students also expected that their awareness of the warning signs of mental health difficulties would be improved by participation in the project (86% of the baseline groups) and this was achieved according to 85% of the semi-finalist group.

While 76% of the baseline group expected that participating in the project would better equip them to deal with their own problems or those of their families and friends, only 57% of the semi-final group stated that this expectation had been met.

Baseline students felt that participation in the project would give them the opportunity to develop their public speaking skills and learn more about mental health and semi-finalist students felt that this had happened. All of the semi-finalist students felt that participation in the project was interesting and they all felt they had learned from participation. The majority of semi-finalists felt that the project was a good and enjoyable way to encourage people to learn about such issues as mental health

Overall the students who participated in the project final spoke positively about their experience and the project itself. The benefits of involvement were many such as increased awareness of mental health and mental health issues, increased confidence, esteem and academic skills. Many of the students felt that the increase in their knowledge and understanding of mental health and mental health issues extended into the school, family and into the audience. However, a couple of the students felt that the impact on others was not as great. Difficulties mentioned were finding the time to research, write speeches and practice. A lot of work was put in outside of regular school hours. In general the project was viewed very positively with many benefits

Benefits to classmates

Less than half (44%) of the semi-final group felt that their teams' participation in the project had given their classmates a better understanding of mental health issues. This perception was endorsed by the classmates with only 37% agreeing that their understanding had improved. Some 27% of the classmates agreed that the project gave them a better understanding of mental health services and 39% were of the opinion that their knowledge of the warning signs of mental health difficulties had improved.

Overall the semi-final students rated the project highly (mean 8.19; sd=1.33). Classmates of the semi-final students rated the project with a mean score of 5.16 (sd=3.18). 39% of the classmates felt that their teams' participation in the project had increased their knowledge and awareness of mental health and mental health issues whereas 49% felt the project had made no difference to them. These findings are clearly lower than might be anticipated. A possible explanation for these results may lie in the fact that 65% of classmates felt that they were rarely involved with their school team's preparation for the project. This perception was shared by the semi-finalists where 31% of them felt their classmates were rarely involved. Benefits to the student body in the school at large were difficult to measure. However, 39% of the semi-finalists did feel that the project had led to a greater understanding of mental health issues within the school.

Impact of the Project on Awareness and Attitudes to Mental Health

The positive impact of the project on awareness and attitudes to mental health was most evident for the participating students.

In response to the vignette, participating students showed greater recognition of the signs of depression and suicidal ideation than their classmates and the non-participating students from matched control schools. Participating students were also more likely to express an emotional reaction to the vignette actor and less likely to suggest that he needed to help himself. Participating students also displayed significantly higher levels of concern about the vignette actor and higher levels of

perceived confidence in helping him. In addition in most cases participating students expressed more positive behavioural intentions about how to respond to the situation such as less likely to ignore the problem, avoid contact with Joe, and encourage Joe to seek professional help. Semi-finalist students were less likely to attribute the causes of the vignette actor's problem to heredity than their classmates and non-participating students from matched control schools.

Knowledge and Attitudes

With regard to knowledge and attitudes about mental health and illness, a comparison of participating and non-participating student groups showed participating students expressed significantly more positive attitudes on 15 of the 20 attitude items in comparison to classmates and control students. Most of these differences tended to be around statements that expressed negative attitudes such as *'people with a mental illness are usually violent or dangerous'* or lack of knowledge about mental health such as *'once you have a mental illness you have it for life'*. The statements that reflected a gender effect were concerned more with behaviour for example; *'a person with a mental illness is usually very quiet and shy'* and *'different mental illnesses affect people differently'*.

The statements that showed no difference between groups were statements such as *'adults are more likely to have a mental illness than teenagers'*, and *'people should sort out their own mental health problems'*, indicating perhaps that in general students are aware of the prevalence of mental health problems and that help is necessary and available.

With regard to stigma, social distance items examining degrees of prejudice and discrimination revealed that participating students were more willing to have close personal and social contact with people who have mental ill-health problems in comparison to non-participating classmates and control students. This is an important finding which supports the beneficial impact of the project in imparting increased knowledge and, as reported by Murphy et al. (1993), thereby influencing levels of understanding, fear and prejudice.

Mental Health Literacy

Participating students were more likely to view mental health in a positive way and were less likely to see mental health as the absence or presence of illness. For all the student groups, support of family and friends was seen as being an important way of ensuring positive mental health, followed by the ability to express feelings or relate to others.

Students who participated in the project were less likely than their classmates to incorrectly identify a mental illness. The most commonly mentioned illness was depression, which was identified by high numbers of students in all groups.

Participating students were also less likely to class organic psychoses such as senile dementia or learning disability as mental illness. Participating students were more likely to correctly identify and know of more voluntary organisations and agencies working with people suffering from mental illness than students from the other groups.

School was mentioned as a source of information about mental health for approximately half of the participating school students while only 29% of control students mentioned it as a source. TV/radio and movies were the most frequently mentioned sources of information for control students whereas participating students were more likely to cite wider sources of information such as the internet, books, pamphlets and health professionals.

Concerning levels of personal contact, 35% of the students across the four groups reported having a family member or relation who had mental health problems. This was highest in the baseline group (58%) and semi-finalist group (46%). 19% of the total group knew a friend who has had mental health problems. Just 26% of the total group said they would talk to friends, and 26% (n=175) said they would talk to parents if someone they knew or someone close to them had mental health problems. 29% (n=191) said they don't know what they'd do and 17% (n=110) said they would talk openly about it. None of the participating groups said they would not talk about it, indicating lower levels of social stigma among this group.

Teachers

In general high levels of satisfaction were reported from teachers involved in the project. Participating teachers highlighted increased awareness of mental health issues, increased student confidence and esteem, the development of public speaking, skill, team work and academic benefits as being the main benefits to the students involved.

Some of the difficulties identified by participating teachers were with regard to finding the time to do the work, motivating students and some concerns around adjudication. Most of the teachers did feel that the project was very well organised and very worthwhile.

While participating teachers felt that the project was a good way of introducing mental health issues to the school, some felt that the project mainly benefited those who were directly involved in the competition. The results of this evaluation indicate that although some classmates of the students involved have benefited by an increased awareness and understanding, the most statistically significant impact is on participating students. A study by Rahman et al. (1998) on a school mental health programme in Pakistan report similar findings concerning the wider impact of their programme. They reported that awareness of mental health was improved in the schoolchildren and in the community. The children were receptive to the programme and shared their new understanding with family, friends and neighbours. However, the effect of the programme was found to be greatest among the children who directly participated in the school programme and lowest among neighbours who were most removed. In the present study, the level of impact on classmates tends to vary from school to school with some schools involving classes with the preparation and others restricting preparation to the team members.

With regard to teachers from non-participating schools, in general, they were quite positive about the project and agreed that the project could lead to a greater understanding of mental health issues in their schools. However, they also felt that this would be limited to participating students. Some of the teachers while liking the concept of the project, disliked the format and a number of suggestions for change were made such as shortening the length of the speeches or changing to debating

which it was felt would engage the students and audience more. For a few public speaking was seen as being a little outdated. Other barriers mentioned around entering the competition were time, resources, and the willingness of a teacher to become involved. A suggestion was made that the MHAI could make better use of school publications to market the project, such as the Education & Learning supplement in the Irish Times, teacher magazines, secondary school and career guidance publications.

Audience Members at the Final

Over two thirds of the audience were female and over half (57%) were between the ages of 35 and 64 while 38% were under the age of 35. Almost half (48%) of the respondents attended because they knew one of the team members participating in the project while 17% of the audience were there for the art competition. 12% of the respondents were members of the MHAI.

The majority of audience members felt that the project promoted awareness of the concept of positive mental health, helped reduce negative attitudes and believed the project promoted awareness of the causes and effects of mental illness. 89% of the audience surveyed felt that as a result of their attendance at the event their own understanding of mental health had improved.

Many respondents felt that the most valuable aspects of the project were creating awareness of mental health issues amongst students and the promotion of positive mental health. The audience was also asked what they felt was the least valuable aspect of the project. Less than one third of the audience answered the question about the least valuable aspect of the project. The most popular response was that there had to be a winner, which reflected the feeling that all teams and participants had excelled. A few audience members felt the project and the evening's event were not promoted or advertised enough. The mean rating for the project by the audience members was 8.51 (sd=1.72). Overall the audience reaction to the project was very positive and they felt that the project was a very good, very well organised and very worthwhile event.

Overall, results from this evaluation indicate that participation in the project has a direct impact on improving understanding, knowledge and awareness around mental health and mental health issues. The greatest impact was observed on the semi-finalist groups who had been involved in the project for a greater length of time, which meant they researched more topics and were thus exposed to more information. Although some gender differences were observed, participation in the project appears to help close the gap in attitudes between male and female adolescents.

Classmates of the participating teams are affected to some extent but this appears to be largely due to the system used within their own schools. In some schools there is a considerable amount of activity among the classmates around the project while in other schools it tends to be confined to the project team members only. This has an impact on dissemination of information to classmates. So while some impact was observed with the classmates group often scoring higher than the matched non-participating control group, this was not statistically significant. However, when asked where they had learned most about mental health, 47% of them said they had learned it at school perhaps suggesting their exposure to the project.

The audience survey revealed that most people felt that as a result of their attendance at the event their own understanding of mental health had improved and in general believed that the project was an excellent and worthwhile one.

CONCLUSION

Examining the initial aims of the project, it would appear from the findings of this study that all three aims have been met successfully.

The project is viewed by participating students as an interesting and enjoyable way of learning about mental health. The students perceive the project as having educational value and of impacting positively on their overall understanding and awareness of mental health issues.

It is evident from the questions on mental health literacy that participating students have a more positive and elaborated concept of mental health and its determinants. As might be expected, participating students also display greater knowledge of the range of mental health problems, services and mental health agencies. It is clear from the students' speeches during the finals that they had consulted widely the international and national literature and policy documents on mental health. In many cases students had also visited local mental health facilities and agencies. One team had also carried out a survey within their own school of their classmates' attitudes and perceptions. All of these activities contribute to their higher levels of knowledge in the area.

The positive impact of the project on awareness and attitudes to mental health was most evident for the participating students. They showed increased recognition, higher levels of concern and more positive behavioural intentions about how to respond to mental health problems. They also expressed more positive attitudes to mental illness and lower levels of prejudice and discrimination, as reflected by responses to the social distance items. Given the relatively small sample sizes for the participating groups in this study, the emergence of these significant differences in comparison to the control group are noteworthy. In most cases, these positive findings applied equally to the students in the preliminary rounds or baseline stage as it did to those in the finals. This is an important finding as many of the students who participate in the project generally may not progress to the later stages of participation.

The evidence of a positive impact on attitudes for early level participation is therefore, quite encouraging.

Concerning the broader impact of the project there are a number of issues to be considered at this stage. There is clear evidence that there are a number of positive benefits for those students directly participating in the project. However, the situation with regard to the wider impact on classmates of participating students is not as clear-cut. The findings suggest that the benefits for the classmates, when compared with participating students and a matched group of non-participating classes, appear to be limited. The survey of the classmates of the semi-finalists revealed that only 19% of this group reported being involved in the preparation for the project and overall, only 37% agreed that the project had contributed to their understanding of mental health issues. This contrasts with 96% of the semi-finalists who agreed that that they had gained a better understanding of mental health issues. Clearly, the greater the opportunity for active class involvement, the greater the possibility of widening the positive impact of the project. Teachers and participating students also expressed similar concerns about the perceived impact of the project on classmates. Both groups tended to support the view that the project impacts primarily on those students directly involved who often tend to be academically more able.

A number of suggestions were offered in order to diversify the format of the project and widen the engagement of other students in the schools. These included:

- Greater audience interaction such as a question and answer session where attending professionals, in addition to their function as adjudicators, could actively contribute
- Take the competitive edge out of the project, by having a round robin type of exercise, which would ensure a wider level of participation
- Greater involvement and participation within the school, e.g. a within school competition and/or attempts to capture and disseminate more widely the research done in preparation for the preliminary rounds
- Introducing a variety of projects for schools such as poetry writing or art competition in addition to the Public Speaking project in order to broaden the

appeal and base of activities involved. This would in turn broaden the participation from students of different social backgrounds and academic ability

- Greater attendance from members of the general public

On a more positive note, some of the semi-finalists did express the view that the positive benefits of the project, in terms of greater understanding of mental health, was extended into the school, family and the audience. They also highlighted the importance to young people of hearing information on mental health from their peers. Peer education is regarded as a very powerful and effective strategy in empowering students in educating each other. Clearly, the reach of the project impact into student homes and families is difficult to determine. However, the possibility of a ripple effect from the project impact within the family and peer groups should not be ruled out.

Teachers' perceptions of the project are very positive, both in terms of its impact on raising awareness of mental health and its educational value for students. The comments highlight the benefits of increased awareness of mental health issues, increased student confidence and esteem, the development of public speaking skills, teamwork and general academic benefits. The project is perceived as a good way of introducing mental health issues in the school. Among the barriers identified were finding time in an already crowded curriculum, issues around adjudication, and motivating students and teachers to take on extra work out of schools hours. The year 2000/2001 was a particularly difficult one for schools, given the ongoing teachers' strike throughout the year and difficulties in hosting out of school events due to Foot and Mouth restrictions. Despite this, the overwhelming view of the teachers interviewed is that the project is a well organised and worthwhile event.

The views of the audience members at the finals of the project were very much in line with those of the teachers in terms of the value of the project and its impact on their own understanding of mental health and the benefits for the students in reducing negative attitudes and stigma.

In conclusion, the National Public Speaking Project is a valuable project with clearly demonstrated positive impacts on student attitudes, knowledge and awareness of

mental health and illness. The project engages a significant number of young people, at a critical stage in their psychological, social and emotional development, in learning about and improving their understanding of mental health. Opportunities for extending the demonstrated benefits of the project to schools and students with a history of low levels of participation should be actively considered by the MHAI. In this respect, the suggestions from teachers and students concerning creating opportunities for greater school-wide engagement and diversifying the format and range of activities should be considered.

With regard to future planning and development, the MHAI may wish to consider instituting a simple mechanism for monitoring student and teacher feedback on an annual basis. For example, a brief survey format to record student and teacher feedback on perceived benefits and challenges could be integrated into the project delivery. This would enable the organisation to track the project and its benefits over time. The findings from this evaluation are very encouraging and clearly support the basis aims of the project and its future development. Within the context of the overall aims of the MHAI, and in light of the recent recommendations of the World Health Report (WHO, 2001) on the need for mental health education and awareness campaigns aimed at decreasing stigma and discrimination, this project would appear to have a very valuable role to play at national and international level.

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APPENDICES

Appendix 1A

BASELINE STUDENT QUESTIONNAIRE

Thank you for filling in this questionnaire. There are no right or wrong answers. Please choose the most accurate answer for you. All your answers are confidential. Please try to answer every item.

Questionnaire Number: _____

Class Year: _____

Teacher in Charge of MHAI Project: _____

Is your school? All Boys All Girls Mixed

Demographic Details

1. Are you Male Female (*Tick one*)

2. Date of Birth: _____

3. Do you live in a Urban Rural area (*Tick one*)

4. What are your parent's jobs?

(please describe exactly what they do, for example shop assistant, farmer, lorry driver, dentist, housewife, teacher. You can write "don't know" or "has no paid job at the moment" or "unemployed".)

Mother: _____

Father: _____

5. What do you think you will be doing when you finish school?
- | | | | |
|-----------------------|--------------------------|--------------------------|--------------------------|
| College or University | <input type="checkbox"/> | Post Leaving Cert Course | <input type="checkbox"/> |
| Apprenticeship/Trade | <input type="checkbox"/> | Working | <input type="checkbox"/> |
| Unemployed | <input type="checkbox"/> | Don't Know | <input type="checkbox"/> |

6. How do you feel about school at present?

- | | |
|---------------------------|--------------------------|
| I like it a lot | <input type="checkbox"/> |
| I like it a bit | <input type="checkbox"/> |
| I don't like it very much | <input type="checkbox"/> |
| I don't like it at all | <input type="checkbox"/> |

7. How were you selected to participate in the MHAI Public Speaking Project?

- | | |
|-------------------------|--------------------------------|
| I volunteered | <input type="checkbox"/> |
| I was chosen by class | <input type="checkbox"/> |
| I was chosen by teacher | <input type="checkbox"/> |
| Other (please specify) | <input type="checkbox"/> _____ |

8. Why did you decide to become involved in the MHAI Public Speaking Project?

9. Did you participate in the MHAI Public Speaking Project in previous years?

Yes No

10. Do you know anyone who participated in the MHAI Public Speaking Project in previous years?

Yes No

- 11 "I expect that participating in the MHAI Public Speaking Project will give me the opportunity to": *(please rank in order of importance e.g. 1- most important)*

- | | |
|-----------------------------------|--------------------------|
| Be part of a winning team | <input type="checkbox"/> |
| Represent my school | <input type="checkbox"/> |
| Learn more about mental health | <input type="checkbox"/> |
| Develop my public speaking skills | <input type="checkbox"/> |
| Be a team player | <input type="checkbox"/> |
| Don't know/unsure | <input type="checkbox"/> |
| Other <i>(please specify)</i> | <input type="checkbox"/> |

12. Participation in the MHAI Public Speaking Project will give me a better understanding of mental health issues:

1	2	3	4	5
Strongly Agree	Agree	Uncertain	Disagree	Strongly Disagree

13. Participation in the MHAI Public Speaking Project will give me a better understanding of mental health services:

1	2	3	4	5
Strongly Agree	Agree	Uncertain	Disagree	Strongly Disagree

14. Participation in the MHAI Public Speaking Project will improve my awareness of the warning signs of mental health difficulties:

1	2	3	4	5
Strongly Agree	Agree	Uncertain	Disagree	Strongly Disagree

15. Participation in the MHAI Public Speaking Project will equip me to deal better with my own problems or those of my friends or family:

1	2	3	4	5
Strongly Agree	Agree	Uncertain	Disagree	Strongly Disagree

Please read the following story and answer the questions by circling or ticking the appropriate number or writing your answer in the space provided.

Let me tell you about Joe. Joe is 17 years old. He can see no meaning in his life anymore. He sees himself as a failure and feels there is very little to look forward to. He finds it difficult getting up in the morning, as the idea of facing another day often seems too much. Activities that he enjoyed in the past, he no longer finds interesting and he barely bothers to go out any more and meet other people. He often finds himself overcome with a feeling of sadness and can't stop himself from crying.

16. What is your reaction to Joe?

17. How concerned would you be about Joe? (*circle one*)

1	2	3	4	5
Very concerned	Somewhat concerned	Uncertain	Not very concerned	Not at all concerned

18. To what degree do you feel you could help a friend like Joe who is in distress?

1	2	3	4	5
Very much	Somewhat	Uncertain	Very little	Not at all

19. How likely is it that you would take each of the following actions?

a. Talk directly to Joe about his problem

1	2	3	4	5	6
Definitely would not do	Very unlikely	Unlikely	Likely	Very likely	Definitely would do

b. Talk with Joe's family about his problem

1	2	3	4	5	6
Definitely would not do	Very unlikely	Unlikely	Likely	Very likely	Definitely would do

c. Talk with Joe's close friends about the problem

1	2	3	4	5	6
Definitely would not do	Very unlikely	Unlikely	Likely	Very likely	Definitely would do

d. Talk with professionals about Joe's problem

1	2	3	4	5	6
Definitely would not do	Very unlikely	Unlikely	Likely	Very likely	Definitely would do

e. Encourage Joe to seek professional help

1	2	3	4	5	6
Definitely would not do	Very unlikely	Unlikely	Likely	Very likely	Definitely would do

f. Ignore the problem as much as possible

1	2	3	4	5	6
Definitely would not do	Very unlikely	Unlikely	Likely	Very likely	Definitely would do

g. Avoid contact with Joe

1	2	3	4	5	6
Definitely would not do	Very unlikely	Unlikely	Likely	Very likely	Definitely would do

20. What does Mental Health mean to you? _____

21. Have you heard of any particular mental illnesses? List them here: _____

22. How did you find out most about mental health issues:

- | | | | |
|-------------------------------------|--------------------------|---------------------------------|--------------------------------|
| Friends | <input type="checkbox"/> | Newspaper | <input type="checkbox"/> |
| Family | <input type="checkbox"/> | Books | <input type="checkbox"/> |
| School | <input type="checkbox"/> | Posters/pamphlets | <input type="checkbox"/> |
| Internet | <input type="checkbox"/> | Movies | <input type="checkbox"/> |
| TV/Radio | <input type="checkbox"/> | Health Professional | <input type="checkbox"/> |
| Knowing someone with mental illness | <input type="checkbox"/> | | <input type="checkbox"/> |
| Not Sure | <input type="checkbox"/> | Other (<i>please specify</i>) | <input type="checkbox"/> _____ |

23. Do you know of any agencies or organisations that work with those suffering from mental illness? (*please list them here*)

24. Do you know anybody who has had mental health problems? (*tick as many as apply*):

- | | | | |
|---------------------------------|--------------------------|----------------------|--------------------------|
| Family | <input type="checkbox"/> | Relation | <input type="checkbox"/> |
| Friend | <input type="checkbox"/> | Someone local | <input type="checkbox"/> |
| Someone at school | <input type="checkbox"/> | Someone you heard of | <input type="checkbox"/> |
| Other (<i>please specify</i>) | <input type="checkbox"/> | | _____ |

25. If someone you knew had mental health problems, would you:

- | | | | |
|---------------------------------|--------------------------|--------------------|--------------------------|
| Not talk about it | <input type="checkbox"/> | Talk to friends | <input type="checkbox"/> |
| Talk openly about it | <input type="checkbox"/> | Talk to my parents | <input type="checkbox"/> |
| Don't know what I'd do | <input type="checkbox"/> | | |
| Other (<i>please specify</i>) | <input type="checkbox"/> | | _____ |
- _____

26.

The following are statements about mental illness. We would like you to show how much YOU agree or disagree with each statement. Please read each item carefully and tick the box, using the following scale, that best describes what you know.

	Strongly Agree	Agree	Disagree	Strongly Disagree	Don't Know	
a. Having a mental illness means having a split personality.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. It would be safer for the community if all people with a mental illness were kept in a hospital.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. Someone with a mental illness looks the same as anyone else.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d. Medication with drugs is the only treatment for mental illness.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
e. Having a mental illness always means hearing voices that aren't there.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
f. Mental illness is not very common in the community.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
g. Someone with a mental illness is likely to be smelly or dirty.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
h. Mental illness is a form of intellectual disability.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
i. Different mental illnesses affect people differently.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. People should sort out their own mental health problems.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

	Strongly Agree	Agree	Disagree	Strongly Disagree	Don't Know	
k. Teenagers are more likely to attempt suicide than older people.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
l. Once you have any mental illness you have it for life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
m. People with a mental illness are usually violent and dangerous.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
n. Mental illness goes away by itself.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o. People have no choice in whether they will develop a mental illness.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
p. Someone with a mental illness is more likely to be artistic.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
q. Adults are more likely to have a mental illness than teenagers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
r. You can tell just by looking if someone has a mental illness.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
s. A person with a mental illness is usually very quiet and shy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
t. Mental illness can happen to anybody.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

27.

Please read the following carefully, and tick the box, using the scale that best describes how you feel.

	Very willing	A bit willing	A bit unwilling	Not at all willing
a. Would you be willing to have a person with a mental illness at your school?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Would you be willing to have a person with a mental illness marry into your family?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Would you be willing to have a person with a mental illness become a close friend?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Would you be willing to have a person with a mental illness as your teacher?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Would you be willing to have a person with a mental illness live in your street?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Appendix 1B

SEMI-FINALIST STUDENT QUESTIONNAIRE

Thank you for filling in this questionnaire. There are no right or wrong answers. Please choose the most accurate answer for you. All your answers are confidential. Please try to answer every item.

Questionnaire Number: _____

What class (or year) are you in?

- | | | | |
|----------------------|--------------------------|----------------------|--------------------------|
| 1 st year | <input type="checkbox"/> | 4 th year | <input type="checkbox"/> |
| 2 nd year | <input type="checkbox"/> | 5 th year | <input type="checkbox"/> |
| 3 rd year | <input type="checkbox"/> | Transition | <input type="checkbox"/> |

Does your school have any of the following programmes:

- | | |
|----------------------------------------------|--------------------------|
| Lifeskills | <input type="checkbox"/> |
| Social, Personal and Health Education (SPHE) | <input type="checkbox"/> |
| Other (<i>please specify</i>) | <input type="checkbox"/> |
| Don't know | <input type="checkbox"/> |

Have you ever participated in any of these programmes?

- Yes No

If yes, please specify which programme and the topics you covered

Teacher in Charge of MHAI Project: _____

Is your school? All Boys All Girls Mixed

Are you?: Male Female (*Tick one*)

Date of Birth: _____

Do you live in a Urban Rural area (*Tick one*)

What are your parents' jobs?

(please describe exactly what they do, for example shop assistant, farmer, lorry driver, dentist, housewife, teacher. You can write "don't know" or "has no paid job at the moment" or "unemployed".)

Mother: _____

Father: _____

1. . What do you think you will be doing when you finish school?
- | | | | |
|-----------------------|--------------------------|--------------------------|--------------------------|
| College or University | <input type="checkbox"/> | Post Leaving Cert Course | <input type="checkbox"/> |
| Apprenticeship/Trade | <input type="checkbox"/> | Working | <input type="checkbox"/> |
| Unemployed | <input type="checkbox"/> | Don't Know | <input type="checkbox"/> |

2. . How do you feel about school at present?
- | | |
|---------------------------|--------------------------|
| I like it a lot | <input type="checkbox"/> |
| I like it a bit | <input type="checkbox"/> |
| I don't like it very much | <input type="checkbox"/> |
| I don't like it at all | <input type="checkbox"/> |

3. In your opinion: What does your class teacher(s) think about your school performance compared to your classmates (on average)?
- | | | | |
|-----------|--------------------------|---------------|--------------------------|
| Very good | <input type="checkbox"/> | Average | <input type="checkbox"/> |
| Good | <input type="checkbox"/> | Below average | <input type="checkbox"/> |

4. How were you selected to participate in the MHAI Public Speaking Project?
- | | |
|-------------------------|--------------------------------|
| I volunteered | <input type="checkbox"/> |
| I was chosen by class | <input type="checkbox"/> |
| I was chosen by teacher | <input type="checkbox"/> |
| Other (please specify) | <input type="checkbox"/> _____ |

5. Why did you decide to become involved in the MHAI Public Speaking Project?
- _____
- _____
- _____

6. Did you participate in the MHAI Public Speaking Project in previous years?
- Yes No

7. Do you know anyone who participated in the MHAI Public Speaking Project in previous years?
- Yes No

8. "I feel that participating in the MHAI Public Speaking Project has given me the opportunity to": (please rank in order of importance e.g. 1= most important, 2 = 2nd most important etc)

- | | |
|-----------------------------------|--------------------------|
| Be part of a winning team | <input type="checkbox"/> |
| Represent my school | <input type="checkbox"/> |
| Learn more about mental health | <input type="checkbox"/> |
| Develop my public speaking skills | <input type="checkbox"/> |
| Be a team player | <input type="checkbox"/> |
| Don't know/unsure | <input type="checkbox"/> |
| Other (please specify) | <input type="checkbox"/> |

9. “I feel participation in the MHAI Public Speaking Project has given me a better understanding of mental health issues”:

1	2	3	4	5
Strongly Agree	Agree	Uncertain	Disagree	Strongly Disagree

10. “I feel participation in the MHAI Public Speaking Project has given me a better understanding of mental health services”:

1	2	3	4	5
Strongly Agree	Agree	Uncertain	Disagree	Strongly Disagree

11. “I feel participation in the MHAI Public Speaking Project has improved my awareness of the warning signs of mental health difficulties”:

1	2	3	4	5
Strongly Agree	Agree	Uncertain	Disagree	Strongly Disagree

12. “I feel participation in the MHAI Public Speaking Project has equipped me to deal better with my own problems or those of my friends or family”:

1	2	3	4	5
Strongly Agree	Agree	Uncertain	Disagree	Strongly Disagree

13. “I found participating in the MHAI Public Speaking Project to be”:

1	2	3	4	5
Very interesting	Fairly interesting	Uncertain	Fairly boring	Very boring

14. “Through my participation in the MHAI Public Speaking Project, I learned”:

1	2	3	4
A lot new	Something new	Hardly anything new	Nothing new

15. “The MHAI Public Speaking Project is a good way to encourage people to learn about such issues as mental health”:

1	2	3	4	5
Strongly Agree	Agree	Uncertain	Disagree	Strongly Disagree

16. “The MHAI Public Speaking Project was an enjoyable way of learning about such issues as mental health”:

1	2	3	4	5
Strongly Agree	Agree	Uncertain	Disagree	Strongly Disagree

17. “The MHAI Public Speaking Project encouraged team work”:

1	2	3	4	5
Strongly Agree	Agree	Uncertain	Disagree	Strongly Disagree

18. The level of teacher involvement in the preparation of our talks for the MHAI Public Speaking Project was:

1	2	3	4	5
Very involved	Involved	Sometimes Involved	Rarely Involved	Never involved

19. The level of our classmate involvement in the preparation of our talks for the MHAI Public Speaking Project was:

1	2	3	4	5
Very involved	Involved	Sometimes Involved	Rarely Involved	Never involved

20. “I feel that our team’s participation in the MHAI Public Speaking Project has given our classmates a better understanding of mental health issues”:

1	2	3	4	5
Strongly Agree	Agree	Uncertain	Disagree	Strongly Disagree

21. “I feel that our team’s participation in the MHAI Public Speaking Project has given our classmates a better understanding of mental health services”:

1	2	3	4	5
Strongly Agree	Agree	Uncertain	Disagree	Strongly Disagree

22. “I feel that our team’s participation in the MHAI Public Speaking Project has improved my classmates’ awareness of the warning signs of mental health difficulties”:

1	2	3	4	5
Strongly Agree	Agree	Uncertain	Disagree	Strongly Disagree

23. “I feel that our team’s participation in the MHAI Public Speaking Project has given the school a better understanding of mental health issues”:

1	2	3	4	5
Strongly Agree	Agree	Uncertain	Disagree	Strongly Disagree

24. “I feel that our team’s participation in the MHAI Public Speaking Project will help people in our school to deal with their own problems”:

1	2	3	4	5
Strongly Agree	Agree	Uncertain	Disagree	Strongly Disagree

25. Please list all of the topics you have addressed in the MHAI Public Speaking Project:

26. Please rate the overall value of the MHAI Public Speaking Project (*Please circle the value which most reflects your opinion, where 10 = of great value and 0 = of no value*).

|— 0 — 1 — 2 — 3 — 4 — 5 — 6 — 7 — 8 — 9 — 10 —|

Please read the following story and answer the questions by circling or ticking the appropriate number or writing your answer in the space provided.

Let me tell you about Joe. Joe is 17 years old. He can see no meaning in his life anymore. He sees himself as a failure and feels there is very little to look forward to. He finds it difficult getting up in the morning, as the idea of facing another day often seems too much. Activities that he enjoyed in the past, he no longer finds interesting and he barely bothers to go out any more and meet other people. He often finds himself overcome with a feeling of sadness and can't stop himself from crying.

27. What is your reaction to Joe?

28. How concerned would you be about Joe? (*circle one*)

1	2	3	4	5
Very concerned	Somewhat concerned	Uncertain	Not very concerned	Not at all concerned

29. To what degree do you feel you could help a friend like Joe who is in distress?

1	2	3	4	5
Very much	Somewhat	Uncertain	Very little	Not at all

31. How likely is it that you would take each of the following actions?

h. Talk directly to Joe about his problem

1	2	3	4	5	6
Definitely would not do	Very unlikely	Unlikely	Likely	Very likely	Definitely would do

i. Talk with Joe's family about his problem

1	2	3	4	5	6
Definitely would not do	Very unlikely	Unlikely	Likely	Very likely	Definitely would do

j. Talk with Joe's close friends about the problem

1	2	3	4	5	6
Definitely would not do	Very unlikely	Unlikely	Likely	Very likely	Definitely would do

k. Talk with professionals about Joe's problem

1	2	3	4	5	6
Definitely would not do	Very unlikely	Unlikely	Likely	Very likely	Definitely would do

l. Encourage Joe to seek professional help

1	2	3	4	5	6
Definitely would not do	Very unlikely	Unlikely	Likely	Very likely	Definitely would do

m. Ignore the problem as much as possible

1	2	3	4	5	6
Definitely would not do	Very unlikely	Unlikely	Likely	Very likely	Definitely would do

n. Avoid contact with Joe

1	2	3	4	5	6
Definitely would not do	Very unlikely	Unlikely	Likely	Very likely	Definitely would do

32. What does Mental Health mean to you? _____

33. What, in your opinion, is important in ensuring your own positive emotional and mental health?

34. Please list all the mental health problems/mental illnesses you know:

35. How did you find out most of what you know about mental health issues:

Friends	<input type="checkbox"/>	Newspaper	<input type="checkbox"/>
Family	<input type="checkbox"/>	Books	<input type="checkbox"/>
School	<input type="checkbox"/>	Posters/pamphlets	<input type="checkbox"/>
Internet	<input type="checkbox"/>	Movies	<input type="checkbox"/>
TV/Radio	<input type="checkbox"/>	Health Professional	<input type="checkbox"/>
Knowing someone with mental illness	<input type="checkbox"/>		
Not Sure	<input type="checkbox"/>	Other (<i>please specify</i>)	<input type="checkbox"/> _____

36. Do you know of any agencies or organisations (national and local) that are involved with mental health or work with those suffering from mental health problems/mental illness? (*please list them here*):

37. Do you know anybody who has had mental health problems/mental illness? (*tick as many as apply*):

Family	<input type="checkbox"/>	Relation	<input type="checkbox"/>
Friend	<input type="checkbox"/>	Someone local	<input type="checkbox"/>
Someone at school	<input type="checkbox"/>	Someone you heard of	<input type="checkbox"/>
Other (<i>please specify</i>)	<input type="checkbox"/>		_____

38. If someone close to you had mental health problems, would you:

Not talk about it	<input type="checkbox"/>	Talk to friends	<input type="checkbox"/>
Talk openly about it	<input type="checkbox"/>	Talk to my parents	<input type="checkbox"/>
Don't know what I'd do	<input type="checkbox"/>		
Other (<i>please specify</i>)	<input type="checkbox"/>		_____

39.

The following are statements about mental illness. We would like you to show how much YOU agree or disagree with each statement.
Please read each item carefully and tick the box, using the following scale, that best describes what you know.

	Strongly Agree	Agree	Disagree	Strongly Disagree	Don't Know	
a. Having a mental illness means having a split personality.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. It would be safer for the community if all people with a mental illness were kept in a hospital.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. Someone with a mental illness looks the same as anyone else.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d. Medication with drugs is the only treatment for mental illness.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
e. Having a mental illness always means hearing voices that aren't there.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
f. Mental illness is not very common in the community.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
g. Someone with a mental illness is likely to be smelly or dirty.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
h. Mental illness is a form of intellectual disability.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
i. Different mental illnesses affect people differently.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. People should sort out their own mental health problems.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

	Strongly Agree	Agree	Disagree	Strongly Disagree	Don't Know	
k. Teenagers are more likely to attempt suicide than older people.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
l. Once you have any mental illness you have it for life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
m. People with a mental illness are usually violent and dangerous.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
n. Mental illness goes away by itself.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o. People have no choice in whether they will develop a mental illness.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
p. Someone with a mental illness is more likely to be artistic.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
q. Adults are more likely to have a mental illness than teenagers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
r. You can tell just by looking if someone has a mental illness.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
s. A person with a mental illness is usually very quiet and shy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
t. Mental illness can happen to anybody.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

40.

Please read the following carefully, and tick the box, using the scale that best describes how you feel.

	Very willing	A bit willing	A bit unwilling	Not at all willing
a. Would you be willing to have a person with a mental illness at your school?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Would you be willing to have a person with a mental illness marry into your family?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Would you be willing to have a person with a mental illness become a close friend?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Would you be willing to have a person with a mental illness as your teacher?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Would you be willing to have a person with a mental illness live in your street?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Appendix 1C

CLASSMATES' STUDENT QUESTIONNAIRE

*Thank you for filling in this questionnaire. There are no right or wrong answers.
Please choose the most accurate answer for you. All your answers are confidential.
Please try to answer every item.*

Questionnaire Number: _____

What class (or year) are you in?

- | | | | |
|----------------------|--------------------------|----------------------|--------------------------|
| 1 st year | <input type="checkbox"/> | 4 th year | <input type="checkbox"/> |
| 2 nd year | <input type="checkbox"/> | 5 th year | <input type="checkbox"/> |
| 3 rd year | <input type="checkbox"/> | Transition | <input type="checkbox"/> |

Does your school have any of the following programmes:

- | | |
|--------------------------------------------|--------------------------|
| Lifeskills | <input type="checkbox"/> |
| Social, Personal & Health Education (SPHE) | <input type="checkbox"/> |
| Other (<i>please specify</i>) _____ | <input type="checkbox"/> |
| Don't know | <input type="checkbox"/> |

Have you ever participated in any of these programmes?

- Yes No

If yes, please specify which programme and the topics you covered

Teacher in Charge of MHAI Project: _____

Is your school? All Boys All Girls Mixed

Are you Male Female (*Tick one*)

Date of Birth: _____

Do you live in a Urban Rural area (*Tick one*)

What are your parent's jobs?

(please describe exactly what they do, for example shop assistant, farmer, lorry driver, dentist, housewife, teacher. You can write "don't know" or "has no paid job at the moment" or "unemployed".)

Mother: _____

Father: _____

1. What do you think you will be doing when you finish school?
- | | | | |
|-----------------------|--------------------------|--------------------------|--------------------------|
| College or University | <input type="checkbox"/> | Post Leaving Cert Course | <input type="checkbox"/> |
| Apprenticeship/Trade | <input type="checkbox"/> | Working | <input type="checkbox"/> |
| Unemployed | <input type="checkbox"/> | Don't Know | <input type="checkbox"/> |

2. How do you feel about school at present?

- | | |
|---------------------------|--------------------------|
| I like it a lot | <input type="checkbox"/> |
| I like it a bit | <input type="checkbox"/> |
| I don't like it very much | <input type="checkbox"/> |
| I don't like it at all | <input type="checkbox"/> |

3. In your opinion: What does your class teacher(s) think about your school performance compared to your classmates (on average)?

- | | | | |
|-----------|--------------------------|---------------|--------------------------|
| Very good | <input type="checkbox"/> | Average | <input type="checkbox"/> |
| Good | <input type="checkbox"/> | Below average | <input type="checkbox"/> |

4. "I found our school team's participation in the MHAI Public Speaking Project to be":

1	2	3	4	5
Very interesting	Fairly interesting	Uncertain	Fairly boring	Very boring

5. "Through our school team's participation in the MHAI Public Speaking Project, I learned":

1	2	3	4
A lot new	Something new	Hardly anything new	Nothing new

6. The level of the class involvement in the preparation of the school team talks for the MHAI Public Speaking Project was:

1	2	3	4	5
Very involved	Involved	Sometimes Involved	Rarely Involved	Never Involved

7. "I feel that our school team's participation in the MHAI Public Speaking Project has given me a better understanding of mental health issues":

1	2	3	4	5
Strongly Agree	Agree	Uncertain	Disagree	Strongly Disagree

8. "I feel that our school team's participation in the MHAI Public Speaking Project has given me a better understanding of mental health services":

1	2	3	4	5
Strongly Agree	Agree	Uncertain	Disagree	Strongly Disagree

9. “I feel that our school team’s participation in the MHAI Public Speaking Project has improved my awareness of the warning signs of mental health difficulties”:

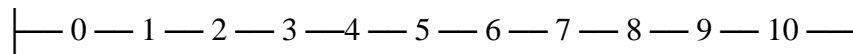
1	2	3	4	5
Strongly Agree	Agree	Uncertain	Disagree	Strongly Disagree

10. “I feel that our school team’s participation in the MHAI Public Speaking Project will help me to deal with my own problems”:

1	2	3	4	5
Strongly Agree	Agree	Uncertain	Disagree	Strongly Disagree

11. What do you think you have gained from your school team’s participation in the MHAI Public Speaking Project? _____

12. Please rate the overall value of the MHAI Public Speaking Project (*Please circle the value which most reflects your opinion, where 10 = of great value and 0 = of no value*).



Please read the following story and answer the questions by circling or ticking the appropriate number or writing your answer in the space provided.

Let me tell you about Joe. Joe is 17 years old. He can see no meaning in his life anymore. He sees himself as a failure and feels there is very little to look forward to. He finds it difficult getting up in the morning, as the idea of facing another day often seems too much. Activities that he enjoyed in the past, he no longer finds interesting and he barely bothers to go out any more and meet other people. He often finds himself overcome with a feeling of sadness and can't stop himself from crying.

13. What is your reaction to Joe?

14. How concerned would you be about Joe? (*circle one*)

1	2	3	4	5
Very concerned	Somewhat concerned	Uncertain	Not very concerned	Not at all concerned

15. To what degree do you feel you could help a friend like Joe who is in distress?

1	2	3	4	5
Very much	Somewhat	Uncertain	Very little	Not at all

17. How likely is it that you would take each of the following actions?

o. Talk directly to Joe about his problem

1	2	3	4	5	6
Definitely would not do	Very unlikely	Unlikely	Likely	Very likely	Definitely would do

p. Talk with Joe's family about his problem

1	2	3	4	5	6
Definitely would not do	Very unlikely	Unlikely	Likely	Very likely	Definitely would do

q. Talk with Joe's close friends about the problem

1	2	3	4	5	6
Definitely would not do	Very unlikely	Unlikely	Likely	Very likely	Definitely would do

r. Talk with professionals about Joe's problem

1	2	3	4	5	6
Definitely would not do	Very unlikely	Unlikely	Likely	Very likely	Definitely would do

s. Encourage Joe to seek professional help

1	2	3	4	5	6
Definitely would not do	Very unlikely	Unlikely	Likely	Very likely	Definitely would do

t. Ignore the problem as much as possible

1	2	3	4	5	6
Definitely would not do	Very unlikely	Unlikely	Likely	Very likely	Definitely would do

u. Avoid contact with Joe

1	2	3	4	5	6
Definitely would not do	Very unlikely	Unlikely	Likely	Very likely	Definitely would do

18. What does Mental Health mean to you? _____

19. What, in your opinion, is important in ensuring your own positive emotional and mental health?

20. Please list all the mental health problems/mental illnesses you know: _____

21. How did you find out most of what you know about mental health issues:

Friends	<input type="checkbox"/>	Newspaper	<input type="checkbox"/>
Family	<input type="checkbox"/>	Books	<input type="checkbox"/>
School	<input type="checkbox"/>	Posters/pamphlets	<input type="checkbox"/>
Internet	<input type="checkbox"/>	Movies	<input type="checkbox"/>
TV/Radio	<input type="checkbox"/>	Health Professional	<input type="checkbox"/>
Knowing someone with mental illness	<input type="checkbox"/>		
Not Sure	<input type="checkbox"/>	Other (please specify)	<input type="checkbox"/> _____

22. Do you know of any agencies or organisations (national and local) that are involved with mental health or work with those suffering from mental health problems/mental illness? (please list them here):

23. Do you know anybody who has had mental health problems/mental illness? (tick as many as apply):

Family	<input type="checkbox"/>	Relation	<input type="checkbox"/>
Friend	<input type="checkbox"/>	Someone local	<input type="checkbox"/>
Someone at school	<input type="checkbox"/>	Someone you heard of	<input type="checkbox"/>
Other (please specify)	<input type="checkbox"/>		_____

24. If someone close to you had mental health problems, would you:

Not talk about it	<input type="checkbox"/>	Talk to friends	<input type="checkbox"/>
Talk openly about it	<input type="checkbox"/>	Talk to my parents	<input type="checkbox"/>
Don't know what I'd do	<input type="checkbox"/>		
Other (please specify)	<input type="checkbox"/>		_____

The following are statements about mental illness. We would like you to show how much YOU agree or disagree with each statement.

Please read each item carefully and tick the box, using the following scale, that best describes what you know.

	Strongly Agree	Agree	Disagree	Strongly Disagree	Don't Know	
a. Having a mental illness means having a split personality.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. It would be safer for the community if all people with a mental illness were kept in a hospital.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. Someone with a mental illness looks the same as anyone else.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d. Medication with drugs is the only treatment for mental illness.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
e. Having a mental illness always means hearing voices that aren't there.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
f. Mental illness is not very common in the community.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
g. Someone with a mental illness is likely to be smelly or dirty.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
h. Mental illness is a form of intellectual disability.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
i. Different mental illnesses affect people differently.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. People should sort out their own mental health problems.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

	Strongly Agree	Agree	Disagree	Strongly Disagree	Don't Know	
k. Teenagers are more likely to attempt suicide than older people.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
l. Once you have any mental illness you have it for life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
m. People with a mental illness are usually violent and dangerous.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
n. Mental illness goes away by itself.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o. People have no choice in whether they will develop a mental illness.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
p. Someone with a mental illness is more likely to be artistic.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
q. Adults are more likely to have a mental illness than teenagers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
r. You can tell just by looking if someone has a mental illness.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
s. A person with a mental illness is usually very quiet and shy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
t. Mental illness can happen to anybody.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

26.

Please read the following carefully, and tick the box, using the scale that best describes how you feel,

	Very willing	A bit willing	A bit unwilling	Not at all willing
a. Would you be willing to have a person with a mental illness at your school?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Would you be willing to have a person with a mental illness marry into your family?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Would you be willing to have a person with a mental illness become a close friend?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Would you be willing to have a person with a mental illness as your teacher?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Would you be willing to have a person with a mental illness live in your street?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Appendix 1D

CONTROL STUDENT QUESTIONNAIRE

*Thank you for filling in this questionnaire. There are no right or wrong answers.
Please choose the most accurate answer for you. All your answers are confidential.
Please try to answer every item.*

Questionnaire Number: _____

What class (or year) are you in?

- | | | | |
|----------------------|--------------------------|----------------------|--------------------------|
| 1 st year | <input type="checkbox"/> | 4 th year | <input type="checkbox"/> |
| 2 nd year | <input type="checkbox"/> | 5 th year | <input type="checkbox"/> |
| 3 rd year | <input type="checkbox"/> | Transition | <input type="checkbox"/> |

Does your school have any of the following programmes:

- | | |
|---------------------------------------------|--------------------------|
| Lifeskills | <input type="checkbox"/> |
| Social Personal and Health Education (SPHE) | <input type="checkbox"/> |
| Other (<i>please specify</i>) _____ | <input type="checkbox"/> |
| Don't know | <input type="checkbox"/> |

Have you ever participated in any of these programmes?

- Yes No

If yes, please specify which programme and the topics you covered

Name of your Teacher: _____

Is your school? All Boys All Girls Mixed

Are you Male Female (*Tick one*)

Date of Birth: _____

Do you live in a Urban Rural area (*Tick one*)

What are your parent's jobs?

(please describe exactly what they do, for example shop assistant, farmer, lorry driver, dentist, housewife, teacher. You can write "don't know" or "has no paid job at the moment" or "unemployed".)

Mother: _____

Father: _____

1. What do you think you will be doing when you finish school?
- | | | | |
|-----------------------|--------------------------|--------------------------|--------------------------|
| College or University | <input type="checkbox"/> | Post Leaving Cert Course | <input type="checkbox"/> |
| Apprenticeship/Trade | <input type="checkbox"/> | Working | <input type="checkbox"/> |
| Unemployed | <input type="checkbox"/> | Don't Know | <input type="checkbox"/> |

2. How do you feel about school at present?

- | | |
|---------------------------|--------------------------|
| I like it a lot | <input type="checkbox"/> |
| I like it a bit | <input type="checkbox"/> |
| I don't like it very much | <input type="checkbox"/> |
| I don't like it at all | <input type="checkbox"/> |

3. In your opinion: What does your class teacher(s) think about your school performance compared to your classmates (on average)?

- | | | | |
|-----------|--------------------------|---------------|--------------------------|
| Very good | <input type="checkbox"/> | Average | <input type="checkbox"/> |
| Good | <input type="checkbox"/> | Below average | <input type="checkbox"/> |

4. Have you ever heard of the Mental Health Association of Ireland's Public Speaking Project?

Yes No

5. Are you interested in finding out more about the MHAI Public Speaking Project?

Yes No

6. Over the last 2 years, has your class had any talks or workshops on the topic of mental health and well being?

Yes No

If yes please give details _____

Please read the following story and answer the questions by circling or ticking the appropriate number or writing your answer in the space provided.

Let me tell you about Joe. Joe is 17 years old. He can see no meaning in his life anymore. He sees himself as a failure and feels there is very little to look forward to. He finds it difficult getting up in the morning, as the idea of facing another day often seems too much. Activities that he enjoyed in the past, he no longer finds interesting and he barely bothers to go out any more and meet other people. He often finds himself overcome with a feeling of sadness and can't stop himself from crying.

7. What is your reaction to Joe?

8. How concerned would you be about Joe? (*circle one*)

1	2	3	4	5
Very concerned	Somewhat concerned	Uncertain	Not very concerned	Not at all concerned

9. To what degree do you feel you could help a friend like Joe who is in distress?

1	2	3	4	5
Very much	Somewhat	Uncertain	Very little	Not at all

11. How likely is it that you would take each of the following actions?

a. Talk directly to Joe about his problem

1	2	3	4	5	6
Definitely would not do	Very unlikely	Unlikely	Likely	Very likely	Definitely would do

b. Talk with Joe's family about his problem

1	2	3	4	5	6
Definitely would not do	Very unlikely	Unlikely	Likely	Very likely	Definitely would do

c. Talk with Joe's close friends about the problem

1	2	3	4	5	6
Definitely would not do	Very unlikely	Unlikely	Likely	Very likely	Definitely would do

d. Talk with professionals about Joe's problem

1	2	3	4	5	6
Definitely would not do	Very unlikely	Unlikely	Likely	Very likely	Definitely would do

e. Encourage Joe to seek professional help

1	2	3	4	5	6
Definitely would not do	Very unlikely	Unlikely	Likely	Very likely	Definitely would do

f. Ignore the problem as much as possible

1	2	3	4	5	6
Definitely would not do	Very unlikely	Unlikely	Likely	Very likely	Definitely would do

g. Avoid contact with Joe

1	2	3	4	5	6
Definitely would not do	Very unlikely	Unlikely	Likely	Very likely	Definitely would do

12. What does Mental Health mean to you? _____

13. What, in your opinion, is important in ensuring your own positive emotional and mental health?

14. Please list all the mental health problems/mental illnesses you know:

15. How did you find out most of what you know about mental health problems/mental issues:

Friends	<input type="checkbox"/>	Newspaper	<input type="checkbox"/>
Family	<input type="checkbox"/>	Books	<input type="checkbox"/>
School	<input type="checkbox"/>	Posters/pamphlets	<input type="checkbox"/>
Internet	<input type="checkbox"/>	Movies	<input type="checkbox"/>
TV/Radio	<input type="checkbox"/>	Health Professional	<input type="checkbox"/>
Knowing someone with mental illness	<input type="checkbox"/>		
Not Sure	<input type="checkbox"/>	Other (<i>please specify</i>)	<input type="checkbox"/> _____

16. Do you know of any agencies or organisations (national and local) that are involved with mental health or work with those suffering from mental health problems/mental illness? (*please list them here*):

17. Do you know anybody who has had mental health problems/mental illness? (*tick as many as apply*):

Family	<input type="checkbox"/>	Relation	<input type="checkbox"/>
Friend	<input type="checkbox"/>	Someone local	<input type="checkbox"/>
Someone at school	<input type="checkbox"/>	Someone you heard of	<input type="checkbox"/>
Other (<i>please specify</i>)	<input type="checkbox"/>		_____

18. If someone close to you knew had mental health problems, would you:

Not talk about it	<input type="checkbox"/>	Talk to friends	<input type="checkbox"/>
Talk openly about it	<input type="checkbox"/>	Talk to my parents	<input type="checkbox"/>
Don't know what I'd do	<input type="checkbox"/>		
Other (<i>please specify</i>)	<input type="checkbox"/>		_____

19.

The following are statements about mental illness. We would like you to show how much YOU agree or disagree with each statement.
Please read each item carefully and tick the box, using the following scale, that best describes what you know.

	Strongly Agree	Agree	Disagree	Strongly Disagree	Don't Know	
a. Having a mental illness means having a split personality.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. It would be safer for the community if all people with a mental illness were kept in a hospital.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. Someone with a mental illness looks the same as anyone else.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d. Medication with drugs is the only treatment for mental illness.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
e. Having a mental illness always means hearing voices that aren't there.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
f. Mental illness is not very common in the community.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
g. Someone with a mental illness is likely to be smelly or dirty.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
h. Mental illness is a form of intellectual disability.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
i. Different mental illnesses affect people differently.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. People should sort out their own mental health problems.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

	Strongly Agree	Agree	Disagree	Strongly Disagree	Don't Know	
k. Teenagers are more likely to attempt suicide than older people.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
l. Once you have any mental illness you have it for life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
m. People with a mental illness are usually violent and dangerous.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
n. Mental illness goes away by itself.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o. People have no choice in whether they will develop a mental illness.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
p. Someone with a mental illness is more likely to be artistic.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
q. Adults are more likely to have a mental illness than teenagers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
r. You can tell just by looking if someone has a mental illness.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
s. A person with a mental illness is usually very quiet and shy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
t. Mental illness can happen to anybody.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

20.

Please read the following carefully, and tick the box, using the scale that best describes how you feel.

	Very willing	A bit willing	A bit unwilling	Not at all willing
a. Would you be willing to have a person with a mental illness at your school?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Would you be willing to have a person with a mental illness marry into your family?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Would you be willing to have a person with a mental illness become a close friend?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Would you be willing to have a person with a mental illness as your teacher?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Would you be willing to have a person with a mental illness live in your street?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Appendix 1E

FOCUS GROUP QUESTIONS MHAI FINAL

1. What is your name and one thing you enjoy doing?
2. Imagine you were talking to a friend who didn't know anything about the MHAI Public Speaking Project. How would you describe the project?
3. What did participation in the project mean to you?
4. What aspects of the project did you like the most?

Why?
5. What aspects of the project did you like the least?

Why?
6. Did any difficulties arise for you?

If so, how did you deal with them?
7. Some people might say that the project is fine when it is done in the school, but it really has no relevance to our everyday lives once we get outside. What do you think?

Can you give me any examples?
8. How do you feel about the project now that it is almost over?
9. How would you describe your experience of the project?
10. Has your participation in the project changed your perceptions of mental health and mental well-being?

Can you give me any examples?
11. Do you think you have gained anything from doing this project?
12. Is there anything else you would like to say about the project?
13. Do you think the project can be improved in any way?
14. Are there any other comments/suggestions you would like to make?

Appendix 2A

TEACHER BASELINE QUESTIONNAIRE

Thank you for filling in this questionnaire. There are no right or wrong answers. Please choose the most accurate answer for you. All your answers are confidential. Please try to answer every item.

Questionnaire No: _____

Name of School: _____

Address: _____

Approximately how many people are in your secondary school?

Male students: _____

Female students: _____

Teachers: _____

Using the following grades how would you describe the socio-economic background of the students in your school?

Social Class 1-3 Professional/Non-Manual

Social Class 4-6 Manual

SC 7 Unemployed or Unspecified

Predominately SC 1-3

Predominately SC 4-6

Predominately SC 7

Mixed

1. How were teams selected to participate in the MHAI Public Speaking Project?

- Individuals volunteered
 - Chosen by class
 - Chosen by teacher
 - Other (please specify)
-

2. What motivated you to agree to participate in the MHAI Public Speaking Project?

3. Has your school previously been involved in the MHAI Public Speaking Project?

- Yes No

If your answer to question 3 is no please move to question 12.

4. How often was your school involved (please state number of years) _____

5. What was the result/outcome? _____

6. Did the students (in your opinion) enjoy the project? Yes No

7. How many students were involved each year? _____

8. How many teachers were involved overall? _____

9. In your opinion, did the MHAI Public Speaking Project have a:

1	2	3	4	5
Very positive	Positive	Uncertain	Negative	Very Negative

impact on how the students' viewed mental health issues.

10. In your opinion, did the MHAI Public Speaking Project have a

1	2	3	4	5
Very positive	Positive	Uncertain	Negative	Very Negative

educational value for the students.

11. What difficulties (if any) were experienced? _____

12. Have you in the role of teacher/mentor previously been involved in the MHAI Public Speaking Project? (either in this or previous employment).
 Yes No

13. How would you rate your own knowledge of mental health issues:

1	2	3	4	5
Very good	Good	Average	Poor	Very Poor

14. The general feeling among school staff is:

1	2	3	4	5	6
Very Positive	Positive	Uncertain	Negative	Very Negative	Unaware

about your school's participation in the MHAI Public Speaking Project.

15. The general feeling among students in the school is:

1	2	3	4	5	6
Very Positive	Positive	Uncertain	Negative	Very Negative	Unaware

about your school's participation in the MHAI Public Speaking Project.

16. "I expect that participating in the MHAI Public Speaking Project will give the students an opportunity to": (please rank in order of importance eg. 1- most important)

- Be part of a winning team
- Represent their school
- Learn more about mental health
- Develop their public speaking skills
- Be a team player
- Don't know/unsure
- Other (please specify)

17. Participation in the MHAI Public Speaking Project will give the students a better understanding of mental health issues:

1	2	3	4	5
Strongly Agree	Agree	Uncertain	Disagree	Strongly Disagree

18. Participation in the MHAI Public Speaking Project will give the students a better understanding of mental health services:

1	2	3	4	5
Strongly Agree	Agree	Uncertain	Disagree	Strongly Disagree

19. Participation in the MHAI Public Speaking Project will improve the student's awareness of the warning signs of mental health difficulties:

1	2	3	4	5
Strongly Agree	Agree	Uncertain	Disagree	Strongly Disagree

20. Participation in the MHAI Public Speaking Project will equip the students to deal better with their own problems or those of their friends or family:

1	2	3	4	5
Strongly Agree	Agree	Uncertain	Disagree	Strongly Disagree

21. Participation in the MHAI Public Speaking Project will have a lasting impact on mental health issues in our school:

1	2	3	4	5
Strongly Agree	Agree	Uncertain	Disagree	Strongly Disagree

22. Do you think the MHAI Public Speaking Project has a public value? _____

23. Any other comments /suggestions on the MHAI Public Speaking Project?

Appendix 2B

SEMI-FINAL TEACHER INTERVIEW PROTOCOL

Interview Number _____

1. Name of School: _____

2. Address: _____

General Information

3. *Approximately how many people are in your secondary school?*

a) *Male students:* _____

b) *Female students:* _____

c) *Teachers:* _____

4. *Using the following grades how would you describe the socio-economic background of the students in your school?*

Predominately Social Class 1-3 Professional/Non-Manual

Predominately Social Class 4-6 Manual

Predominately Social Class 7 Unemployed or Unspecified

Mixed

5. *What motivated you to agree to participate in the MHAI Public Speaking Project?*

6. *Has your school previously been involved in the MHAI Public Speaking Project?*

Yes No

7. *If yes, how many times has your school been involved?* _____

8. *What was the result/outcome? (eg. has your school ever reached the 2nd, 3rd round, regional final etc)* _____

9. Do the students (in your opinion) enjoy the project? Yes No

10. How did you go about the process of selecting the team to participate in the MHAJ Public Speaking Project? _____

11. How many students were involved in the preparation each year? _____

12. How many teachers were involved in the preparation:

a) each year _____

b) overall _____

13. What difficulties (if any) have been experienced? _____

Range of activities undertaken

14. How many students were involved in the preparation for the competition? _____

15. How often did the participating team members meet? _____

16. Did the group meet outside of regular school hours? _____

17. How did they research their topics? _____

18. As teacher, how involved were you in the preparation of this work? _____

19. How would you rate your own knowledge of mental health issues? _____

Perceived benefits of the project

20. *What do you consider to be the main benefits of the MHAI Public Speaking Project to the students involved?* _____

21. *What do you consider to be the main benefits of the MHAI Public Speaking Project to the school as a whole?* _____

22. *Has the project lead to a greater understanding of mental health in general, to the project team and their classmates?* _____

23. *Has the project lead to a greater understanding of mental health in general, in your school?* _____

24. *Do you think the project has had a positive impact on how the students' viewed mental health issues? (if so, why?)* _____

25. *Do you think the project had an educational value for students?* _____

26. *Do you think the MHAI Public Speaking Project has a public/social value?*

27. *Have your initial expectations been met?* _____

28. *Any other comments /suggestions on the MHAI Public Speaking Project?* _____

Appendix 2C

CONTROL SCHOOL TEACHER INTERVIEW PROTOCOL

Questionnaire No: _____

General Information

1. Name of School: _____

2. Address: _____

3. Approximately how many people are in your secondary school?

d) Male students: _____

e) Female students: _____

f) Teachers: _____

4. Using the following grades how would you describe the socio-economic background of the students in your school?

Predominately Social Class 1-3 Professional/Non-Manual

Predominately Social Class 4-6 Manual

Predominately Social Class7 Unemployed or Unspecified

Mixed

5. Have you ever heard of the Mental Health Association of Ireland (MHAI) Public Speaking Project?

Yes No

6. What do you know about the MHAI Public Speaking Project? _____

7. Has your school ever been involved in the MHAI Public Speaking Project?

Yes No

8. If your answer to questions 7 is yes,
- a) how many years is it since you were last involved? _____
 - b) how many times has your school been involved? _____
 - c) What was the result/outcome? (eg. has your school ever reached the 2nd, 3rd round, regional final etc)

 - d) Did the students (in your opinion) enjoy the project?
Yes No
 - e) What difficulties if any were experienced? _____

9. Did your school receive information on the MHAI Public Speaking Project this year (2000/2001)? Yes No
10. What information did you receive? _____

11. Was there a follow up from the MHAI? _____

12. Are there any specific reasons why your school did not enter the MHAI Public Speaking project: _____

13. If no, would you like to receive information in the future?
Yes No
14. Is there a teacher in your school that would be interested in getting involved in the MHAI Public Speaking Project?
Yes No
15. Has your school ever been involved in other projects organised by an outside agency or organisation (*please specify*)? _____

16. If yes, what was the result/outcome? _____

17. Why did your school decide to enter that particular competition? _____

18. Is there a tradition of public speaking in your school?
Yes No

19. If yes, are there any specific reasons why your school did not enter the MHAI Public Speaking project:

- a) In previous years? _____
and/or
- b) This year (2000/2001)? _____

20. Do you think there are benefits to the students who participate in the MHAI Public Speaking Project (*please specify*)?

21. Do you believe that the MHAI Public Speaking Project could lead to a greater understanding of mental health in general, in your school? _____

22. Do you think the project could have an educational value for students in your school?

23. If yes, do you think it would be equally beneficial for all students? _____

24. What, in your opinion, are the barriers to your school entering the MHAI Public Speaking Project? _____

25. What, in your opinion, would encourage more schools to participate in the MHAI Public Speaking Project? _____

26. Are there any other comments or suggestion you would like to make about the MHAI Public Speaking Project? _____

Appendix 2D

HEALTH EDUCATION/MENTAL HEALTH INPUT IN SCHOOL

1. Is there a staff member with responsibility for health education/promotion in your school? Yes No

2. Is health education incorporated into the school's curriculum? Yes No

If so, with which year group(s)? _____

How many teachers are involved? _____

What resources are used (e.g. programmes, manuals, etc) _____

3. Are any of the following aspects of mental health education dealt with by any part of the curriculum in your school? If so, please specify with what year group(s) and what resources are used.

Topic

Year Group(s) and Resources

Grief and loss _____

Bullying _____

Depression _____

Suicide Prevention _____

Help-seeking Skills _____

Coping Skills _____

Other _____

4. Is the curriculum supported by written school policies in these areas?

Grief and Loss

Bullying

Depression

Suicide Prevention or Postvention

Other _____

5. Does your school have support staff for students in distress?

- Chaplain
- School Nurse
- Counsellor
- Home-School Liaison Officer
- Other _____
- None of the above

6. What barriers exist in your school to providing mental health education?

- Teachers are not trained to deal with these issues
- Overcrowded curriculum
- Parents would not agree to it
- Low status in the school of health education in general, and
mental health in particular
- General belief that school is not the appropriate setting for mental health ed

Other barriers: _____

7. If your school has welcomed any visitors over the last 2 years who may have exposed students to the topic of mental health and well-being through talks, workshops or other events, please give brief details below (e.g. visitor, topics and year groups involved):

Appendix 3

MHAI FINAL AUDIENCE QUESTIONNAIRE

1. How would you best describe how you feel about this evening's event?

1	2	3	4	5
Very Good	Good	Average	Poor	Very Poor

2. Most of all, this evening's event makes me feel: _____

3. Events like the MHAI Public Speaking Project:

a) Promote awareness among young people of the concept of positive mental health:

1	2	3	4	5
Strongly Disagree	Disagree	Uncertain	Agree	Strongly Agree

b) Do little to reduce negative attitudes to mental health and mental ill-health:

1	2	3	4	5
Strongly Disagree	Disagree	Uncertain	Agree	Strongly Agree

c) Promote an awareness of the causes and effects of mental illness:

1	2	3	4	5
Strongly Disagree	Disagree	Uncertain	Agree	Strongly Agree

4. "I feel that participating in the MHAI Public Speaking Project has given the students the opportunity to" (please rank in order of importance e.g. 1=most important, 2=2nd most important etc)

- Be part of a winning team
- Represent their school
- Learn about mental health
- Be a team player
- Develop public speaking skills
- Don't know/unsure
- Other (please specify) _____

5. To what extent, if any, has your attendance at this evening's event improved your own understanding of mental health?

1	2	3	4	5
Not at all	Very little	Uncertain	Improved	Much improved

6. From your experience this evening, please rate the overall value of the MHAI Public Speaking Project (*Please circle the value which most reflects your opinion, where 0 = of no value and 10 = is of great value*)

0 — 1 — 2 — 3 — 4 — 5 — 6 — 7 — 8 — 9 — 10

7. What in your opinion is the most valuable aspect of the project?

8. What in your opinion is the least valuable aspect of the project?

9. Are there any other comments you would like to make on this project?

10. Would you attend events like this in the future? Yes No

11. Are you: Male or Female

12. Do you live in an Urban or Rural area

13. What age are you?

<15 15-24 25-34 35-44
45-54 55-64 65-75 >75

14. What did your education consist of?

Primary school education only

Complete or partial secondary school

Complete or partial third-level education

15. Please state your marital status? _____

16. Are you at School College

Retired Work

Other (please specify) _____

17. Please state your own occupation (if you are a farmer, please state the size of your farm) _____

18. Do you know any individual team members?

Yes No

19. If yes, what is your relationship to them?

Parent Sister/Brother Aunt/Uncle

Grandparent Friend Teacher

Classmate

Other (please specify) _____

20. If no, please state why you are attending this event? _____

Appendix 4

KNOWLEDGE AND ATTITUDES ABOUT MENTAL ILLNESS TABLES

Having a mental illness means having a split personality.

	Baseline (n=43)		Semi-finalist (n=26)		Classmates (n=300)		Control (n=296)	
	Freq	%	Freq	%	Freq	%	Freq	%
Agree	7	16	0	0	48	17	54	18
Disagree	34	79	26	100	217	73	203	69
Don't know	2	5	0	0	31	10	29	10

It would be safer for the community if all people with a mental illness were kept in a hospital.

	Baseline (n=43)		Semi-finalist (n=26)		Classmates (n=300)		Control (n=296)	
	Freq	%	Freq	%	Freq	%	Freq	%
Agree	0	0	0	0	39	14	38	14
Disagree	41	95	26	100	243	81	235	80
Don't know	2	5	0	0	16	5	15	6

Someone with a mental illness looks the same as anyone else.

	Baseline (n=43)		Semi-finalist (n=26)		Classmates (n=300)		Control (n=296)	
	Freq	%	Freq	%	Freq	%	Freq	%
Agree	38	88	25	96	250	84	227	78
Disagree	1	2	1	4	31	11	36	13
Don't know	2	5	0	0	13	5	22	9

Medication with drugs is the only treatment for mental illness.

	Baseline (n=43)		Semi-finalist (n=26)		Classmates (n=300)		Control (n=296)	
	Freq	%	Freq	%	Freq	%	Freq	%
Agree	1	2	0	0	27	10	18	6
Disagree	40	93	26	100	237	80	231	78
Don't know	2	g	0	0	31	10	37	13

Having a mental illness always means hearing voices that aren't there.

	Baseline (n=43)		Semi-finalist (n=26)		Classmates (n=300)		Control (n=296)	
	Freq	%	Freq	%	Freq	%	Freq	%
Agree	0	0	1	4	20	7	15	6
Disagree	42	98	25	96	251	84	239	82
Don't know	1	2	0	0.0	27	9	31	12

Mental illness is not very common in the community.

	Baseline (n=43)		Semi-finalist (n=26)		Classmates (n=300)		Control (n=296)	
	Freq	%	Freq	%	Freq	%	Freq	%
Agree	4	10	0	0	61	21	66	24
Disagree	36	83	24	92	175	59	158	54
Don't know	3	7	1	4	57	20	62	22

Someone with a mental illness is likely to be smelly or dirty.

	Baseline (n=43)		Semi-finalist (n=26)		Classmates (n=300)		Control (n=296)	
	Freq	%	Freq	%	Freq	%	Freq	%
Agree	0	0	0	0	23	8	16	5
Disagree	42	98	26	100	256	85	262	89
Don't know	1	2	0	0	13	4	10	3

Mental illness is a form of intellectual disability.

	Baseline (n=43)		Semi-finalist (n=26)		Classmates (n=300)		Control (n=296)	
	Freq	%	Freq	%	Freq	%	Freq	%
Agree	4	7	1	4	69	23.0	67	22.6
Disagree	39	88	22	85	158	52.7	153	51.7
Don't know	0	0	3	12	69	23.0	64	21.6

Different mental illnesses affect people differently.

	Baseline (n=43)		Semi-finalist (n=26)		Classmates (n=300)		Control (n=296)	
	Freq	%	Freq	%	Freq	%	Freq	%
Agree	36	83.7	26	100	261	87.0	257	86.8
Disagree	3	7	0	0.0	20	6.7	9	3.1
Don't know	4	9.3	0	0.0	15	5.0	20	6.8

People should sort out their own mental health problems.

	Baseline (n=43)		Semi-finalist (n=26)		Classmates (n=300)		Control (n=296)	
	<i>Freq</i>	<i>%</i>	<i>Freq</i>	<i>%</i>	<i>Freq</i>	<i>%</i>	<i>Freq</i>	<i>%</i>
Agree	1	2.3	0	0.0	31	10.3	30	10.1
Disagree	41	95.4	26	100	242	80.7	232	78.3
Don't know	1	2.3	0	0.0	23	7.7	22	7.4

Teenagers are more likely to attempt suicide than older people.

	Baseline (n=43)		Semi-finalist (n=26)		Classmates (n=300)		Control (n=296)	
	Freq	%	Freq	%	Freq	%	Freq	%
Agree	20	46.5	16	61.6	216	72.0	210	70.9
Disagree	16	37.2	5	19.2	52	17.3	50	16.9
Don't know	6	14.0	5	19.2	26	8.7	21	7.1

Once you have any mental illness you have it for life.

	Baseline (n=43)		Semi-finalist (n=26)		Classmates (n=300)		Control (n=296)	
	Freq	%	Freq	%	Freq	%	Freq	%
Agree	3	7.0	0	0.0	30	10.0	43	14.5
Disagree	35	81.4	25	96.2	224	74.7	157	63.2
Don't know	4	9.3	1	3.8	42	14.0	52	17.6

People with a mental illness are usually violent and dangerous.

	Baseline (n=43)		Semi-finalist (n=26)		Classmates (n=300)		Control (n=296)	
	Freq	%	Freq	%	Freq	%	Freq	%
Agree	1	2.3	0	0.0	36	12.0	24	8.2
Disagree	38	93.0	25	96.2	224	74.6	223	75.3
Don't know	3	2.3	1	3.8	35	11.7	35	11.8

Mental illness goes away by itself.

	Baseline (n=43)		Semi-finalist (n=26)		Classmates (n=300)		Control (n=296)	
	Freq	%	Freq	%	Freq	%	Freq	%
Agree	1	2.3	0	0.0	10	3.3	7	2.3
Disagree	40	93	26	100.0	239	79.7	222	75.0
Don't know	1	2.3	0	0.0	41	13.7	47	15.9

People have no choice in whether they will develop a mental illness.

	Baseline (n=43)		Semi-finalist (n=26)		Classmates (n=300)		Control (n=296)	
	Freq	%	Freq	%	Freq	%	Freq	%
Agree	26	60.5	16	61.5	189	63.0	192	64.9
Disagree	12	27.9	10	38.5	64	21.3	57	19.3
Don't know	4	9.3	0	0.0	36	12.0	31	10.5

Someone with a mental illness is more likely to be artistic.

	Baseline (n=43)		Semi-finalist (n=26)		Classmates (n=300)		Control (n=296)	
	Freq	%	Freq	%	Freq	%	Freq	%
Agree	4	9.3	0	0.0	30	10.0	41	13.9
Disagree	27	62.8	17	65.4	159	53.0	143	48.4
Don't know	11	25.6	9	34.6	100	33.3	94	31.8

Adults are more likely to have a mental illness than teenagers.

	Baseline (n=43)		Semi-finalist (n=26)		Classmates (n=300)		Control (n=296)	
	Freq	%	Freq	%	Freq	%	Freq	%
Agree	6	14.0	2	7.7	41	13.7	35	11.9
Disagree	31	72.1	18	69.2	164	54.6	152	51.4
Don't know	5	11.6	6	23.1	89	29.7	93	31.4

You can tell just by looking if someone has a mental illness.

	Baseline (n=43)		Semi-finalist (n=26)		Classmates (n=300)		Control (n=296)	
	Freq	%	Freq	%	Freq	%	Freq	%
Agree	0	0	1	3.8	27	9.0	29	9.8
Disagree	40	93.0	25	96.2	240	80.0	221	74.6
Don't know	2	4.7	0	0.0	26	8.7	26	8.8

A person with a mental illness is usually very quiet and shy.

	Baseline (n=43)		Semi-finalist (n=26)		Classmates (n=300)		Control (n=296)	
	Freq	%	Freq	%	Freq	%	Freq	%
Agree	3	7.0	0	0.0	47	15.7	42	14.2
Disagree	34	79.0	23	88.4	180	60.0	179	60.5
Don't know	5	11.6	2	7.7	66	22.0	58	19.6

Mental illness can happen to anybody.

	Baseline (n=43)		Semi-finalist (n=26)		Classmates (n=300)		Control (n=296)	
	Freq	%	Freq	%	Freq	%	Freq	%
Agree	42	97.7	26	100	269	89.6	241	81.4
Disagree	0	0	0	0.0	17	5.7	17	5.8
Don't know	1	2.3	0	0.0	9	3.0	22	7.4

Appendix 5

SOCIAL DISTANCE TABLES

Would you be willing to have a person with a mental illness at your school?

	Baseline (n=43)		Semi-finalist (n=26)		Classmates (n=300)		Control (n=296)	
	Freq	%	Freq	%	Freq	%	Freq	%
Willing	41	95.3	25	96.1	241	80.3	236	79.7
Unwilling	1	2.3	0	0.0	42	14.0	44	14.9

Would you be willing to have a person with a mental illness marry into your family?

	Baseline (n=43)		Semi-finalist (n=26)		Classmates (n=300)		Control (n=296)	
	Freq	%	Freq	%	Freq	%	Freq	%
Willing	30	69.8	22	84.7	167	55.6	146	49.2
Unwilling	12	27.9	4	15.3	112	37.3	130	44.0

Would you be willing to have a person with a mental illness become a close friend?

	Baseline (n=43)		Semi-finalist (n=26)		Classmates (n=300)		Control (n=296)	
	Freq	%	Freq	%	Freq	%	Freq	%
Willing	37	86.1	24	92.3	204	68.0	196	66.2
Unwilling	5	11.6	2	7.7	76	25.3	84	27.4

Would you be willing to have a person with a mental illness as your teacher?

	Baseline (n=43)		Semi-finalist (n=26)		Classmates (n=300)		Control (n=296)	
	Freq	%	Freq	%	Freq	%	Freq	%
Willing	30	69.8	20	77.0	133	44.3	105	35.5
Unwilling	12	27.9	6	23.0	147	49.0	174	58.8

Would you be willing to have a person with a mental illness live in your street

	Baseline (n=43)		Semi-finalist (n=26)		Classmates (n=300)		Control (n=296)	
	N	%	N	%	N	%	N	%
Willing	41	95.3	26	100.0	238	79.4	241	81.4
Unwilling	1	2.3	0	0.0	40	13.3	37	12.5

Appendix 6

PARTICIPANTS' SPEECHES MHAI FINAL MAY 2001

Patrick Carty
St. Aloysius College
Athlone

Ladies and Gentlemen:

There is no denying that our culture our society has changed. There is a lot more money around these days. While we are barely old to remember the way things used to be, there are a lot more things to do with your money. I intend to show you how our material world, concerned with material things is neglecting and damaging our mental health.

Of course it's not all bad, so while Diarmaid and I will look at the negative effects of our material culture, Adam will speak about the more positive aspects. Remembering that there are positive and negative points, we find it helpful to think of mental health as being like an elastic band. Depending on how much pressure is put on it, it stretches and contracts.

Job stress,	it's stretched
Bereavement,	it's stretched even further
Less job stress,	it contracts
A holiday,	everything's ok
The leaving cert.	
Teachers pay dispute	

It will only take so much pressure; our mental health can only be stretched so far before it snaps. Before it's useless as an elastic band.

When we say mental health, we mean that there is good mental health and bad mental health. We don't just mean people with psychiatric illnesses. We conducted a survey in our school among third years, fifth years and sixth years. One thing we noticed was the misunderstanding of what was meant by mental health. 71% of those surveyed thought that people with eating disorders and depression should pull themselves together. 71%.

This is a calendar produced by the Mental Health association of Ireland. On the back it lists ten ways to preserve and enhance your good mental health. They are quite interesting in the light of our topic. They include such things as...

Keeping in touch with friends,
Doing something creative,
Relaxing.

We live in a world which demands that in order to live we have to work. Sometimes we can't follow this kind of advice.

With our increase in wealth in this country, we have been taken advantage of. Advertising and the influx of American materialistic culture have attempted to tell us that happiness is bought. And that has become confused with good mental health. Happiness has become just another commodity to be purchased.

How would American materialistic culture try and sell us this elastic band? We would be told that "This is their ultimate elastic band, it is 20cm in circumference, its 1cm wide and 1mm thick." And then we would be shown an image of happy, beautiful... semi-clad people using the perfect elastic band. We are constantly being bombarded with the

message that sanity, success and happiness are having this elastic band.....or even a Westlife album.

Much advertising, especially television advertising is aimed at young people and children. According to Melin et al 1991...81 percent of ten year old girls are afraid of being fat. That's not good mental health. Most parents will tell you of the emend pressure they come under every Christmas, because the television told their child that happiness, being loved, is having a particular toy.

There is an expectation a belief that your social standing your happiness is what you have, which model of mobile phone you own, what you wear. They are meeting an order, modern culture and the material world have dictated. Our mistake is going blindly along with this.

Have you ever bought something in the subconscious hope that it would make you happy, we all have? How long does that feeling last? A few hours, a day? You can't buy good mental health; you can only rent it for a few hours. A new mobile phone or a new car will make you happy for a while, make you more acceptable in a material culture, but that is not good mental health.

Recognizing this is all well and good but it is irresponsible not to apply this knowledge. Remember the points on he calendar. There are ten of them, by coincidence we remember about one tenth of what is said to us. Although Liam Lawlor seems to remember substantially less. If everyone remembers just one of those steps, that could go a long way towards preserving and enhancing our good mental health, in a material and hostile world.

Relaxing

Surviving

Keeping in touch with friends

Asking for help
Talking about it
Accepting who you are
Doing something creative
Getting involved
Keeping active
Learning new skills

One final thought, I would like briefly to read to you from this schizophrenic's account of his illness. This is taken from a module of SPHE a new second level subject, which aims to teach the skills necessary to deal with mental illness.

"I believed that I was getting messages from the television and radio. Whatever was being said would take on a special significance for me; it would be a special message just for me, sometimes telling me to do something, or a whole program would be about me. I also believed at times that other people's thoughts were in my head; I would try to think my own thoughts and someone else's thoughts would come into my mind and I'd be forced to think them."

It almost sounds like the voice of a material world and its strange social expectations, entering your head corrupting your mental health.

So remember you are no less of a person if you don't buy the perfect elastic band or Daniel O'Donnell's guide to chat up lines.

Diarmaid Scully
St. Aloysius College
Athlone

Chairperson, adjudicators, fellow speakers, ladies and gentlemen, good evening:

Stressful work days, the media, materialism. These are all part of our material world, but what effect do they have on our mental health? Patrick has already compared this elastic band to our mental health. ... And this is the effect they are having on it.

Ladies and gentlemen, how many of you work too hard? How many of you have chosen a job that doesn't allow you to enjoy its benefits? You want more, so you have to earn more: you work more, so you have more stress: you spend more to keep your stress at bay, or if you have 20 million dollars to spend, you could join the growing list of wannabe space tourists. According to the MHAI chief executive Brian Howard, the Celtic Tiger is directly linked with the doubling in the number of workers claiming stress related disability over the past four years. Some of us even get loans to satisfy our material hunger. The Central Bank of Ireland recorded 30 billion Euro being given out on holiday and car loans last year. In our school survey which my team-mate Patrick already spoke about- 89% surveyed had a mobile phone, 69% said labels and brand names were important to them, and 63% said they had to have a job to support these very adult tastes.

But are we happier in our material world? The Irish have always been considered a happy race, and now most of us have pay rises, bigger cars and loads of shopping, but there is another side to this coin. Robert Lane from Yale University says that today's 90-minute commutes, 14-hour work days, spine stiffening mortgages and rising inequalities of income mean a dip on the happiness scale for Ireland. According to the National Suicide Research Foundation, there has been a 400% increase in the suicide rate among Irish men under 35 since 1990 - 400% ladies and gentlemen. As Dan Neville the Fine Gael spokesperson for mental health said "The rates of depression in Ireland and other western

countries are consistently 50% higher than in the Far East, which is not as affected by materialism". We saw this in our own school survey where over half surveyed knew someone with depression.

How has the media, which is a very big part of our material world affected our mental health? In this material world where televisions, hi-fis and computers are the norm, there is now an e-mailers anonymous. Symptoms include spending half of a plane trip with your laptop in your lap ... and your child in the overhead compartment, or referring to going to the bathroom as downloading.

In addition to this music and films are being produced which totally mislead the public. In the film "Me, myself and Irene", Jim Carey portrays a violent picture of the mental health disease schizophrenia. Schizophrenia Ireland says that the film could stop people looking for much needed treatment. Then we go on to the Bafta and triple Grammy winner Eminem, who sends out hate messages and advocates suicide. Taking a line from the song Role Model, Eminem says "OK, I'm going to attempt to drown myself/ you can try this at home/ you can be just like me". Eminem's popularity is growing faster than the price tag on the Bertie Bowl, but what effect will this normalisation of suicide have on us young people, when in fact suicide indicates serious psychological problems. Some journalists are also culprits for glamorising suicides. In Japan when a teenage singer jumped to her death, the media didn't report on the numerous people it affected, and as a result her death was followed by a spate of copycat suicides, some even from the same building.

Ladies and gentlemen, how has the material world affected our mental health centres and hospitals? The most recent annual report of Dr. Dermot Walsh, Inspector of Mental Hospitals made very sad reading. He commented negatively on the public areas in psychiatric hospitals, the corridors, toilets, general areas and even accommodation. Some hospitals even lack basic items such as bed linen, night attire, curtains, furniture and soap. When our team visited the Athlone Community Mental Health Centre, we were very

hesitant to go in when we saw how dilapidated the outside of the building was. According to the National Suicide Research Foundation, 60% of male suicide victims do not seek any medical help in the year before death. Is it because of this dilapidated image that this statistic is so high? When we went into the centre it was a totally different story, it was bright, cheerful and we saw magnificent murals painted by the patients themselves. Our team met with the staff, and they told us that they have been promised a new, modern, well-equipped building every year for the past 12 years in a row. So what's the problem with all these lack of basic requirements?.....Funding. Last year only 0.835% of the total health bill was spent on psychiatric services. Sure Liam Lawlor could have cashed a cheque that size in his local.

In summation ladies and gentlemen, how is the material world negatively affecting mental health? Happiness is diminishing, stress is increasing, some forms of the media are misinforming people and our mental health services are in chronic need of extra funding. All these things are putting a great strain on this elastic band, but the same can be said for our mental health. How far can it be stretched until it finally breaks? Thank you.

Adam Cullen
St. Aloysius College
Athlone

Ladies and Gentlemen, adjudicators, fellow speakers, good evening:

So the material world is over stretching our mental health.

Would we all be better off if we could go back to the days before Eminem? Before television? Back even to those days when an Eircom share was worth something???

No. We can't live in the past – and let's just consider that past for a moment....

The “causes” of mental illness included being a witch, being demonically possessed or... according to the catholic church, having been conceived on a Sunday! Treatments varied from exorcisms, to lobotomies, to even coma inducing insulin injections....

Look at it this way if any of us here, had a mental illness, and according to the world health organisation 1 in 4 of us will... What century would you receive the best treatment?

While the material world is putting stress on the elastic band, it has also given us wheels to take the pressure off.

The World Health Organisation predicts that by 2010 depression will be the world's largest health care cost.... This need not be the case as there have been great advances in our understanding, diagnosis and treatment of mental illness.

1994 saw the first new anti-psychotic drug released in over 20 years. Scientists in the Columbia University have shown that a lack of serotonin in the brain leaves people more likely to have suicidal tendencies. Now new medications are available to correct this deficiency.

The locations in which people are treated have also changed. Care can now take place in a more friendly community based atmosphere. We are also now aware that treatment of mental illness is not just a matter of post-vention but of pre-vention. A good example of this is the S.P.H.E. programme.

Breakthroughs in Brain imaging and gene mapping have brought us nearer to understanding why some people have a greater predisposition to stress or eating disorders.

This new knowledge, all this knowledge, has only come to light via the material world. But sadly a lot of people don't ever receive these treatments. The fact is, some people who suffer from a mental illness are still too ashamed and too afraid and too embarrassed to ask for help....

A study in Canada by the Toronto centre for Mental Health revealed that while almost 3 million Canadians had serious depression less than one-third of them ever sought help. This statistic corresponded with our school survey as only 8% would seek professional help..... The most tragic thing about this is that 80-90 percent of people with major depression can be treated successfully.

The media has a vital role here in eliminating the stigma surrounding mental illness.

Globally, the media helped inform the general public that the W.H.O. designated April 7 to be worldwide mental health day for this year.

Nationally, groups such as Aware, Bodywhys, the MHAI, Grow, and the suicide resource officers have all greatly increased the general awareness about mental illnesses.

And on a Local level, this public speaking project has resulted in visits to the Athlone community Mental Health centre and the psychiatric day hospital. This is a very positive

outcome as before we undertook this project 99% surveyed, didn't even know where the centre was.

In this material world the Internet is making a real difference to the amount of people reaching out for help now. Take the Samaritan E-Mail Project; currently they receive over 500 emails per week. 75% of emails deal with thoughts of suicide compared to 20% of phone calls.

Here is a small excerpt from a message posted on the internet "I can't think of anything I really want to live for, I am a failure in college, my life is dull and boring, I go home after work every day and basically drink myself to sleep – mike". A sad story, and all too common, but at least he has reached out for help....Email gave him a voice, without it would he now be one of the 439 people who committed suicide in 1999 according to Aware.

Ladies and Gentlemen I have a pet hamster called Harry. He has this tendency to get into his treadmill and run really fast, but the faster he goes, the faster the wheel turns until eventually Harry trips.

Ladies and Gentlemen too often we're like Harry. We put too much needless pressure on ourselves, by smothering ourselves under mortgages, car loans and credit card bills.

In these speeches we've shown you two very different ways that mental health can be affected by the material world. There is no doubt of the tremendous potential for good.. the possibilities of using the wheels to take the pressure off. Mental health problems need not be 4 of the 10 leading causes of disability as the World Health Organization research shows. The frightening thing about wheels is how they so closely resemble the hamster's treadmill.

And we leave you with that one question tonight.

For you...are the things of the material world ... holiday bills, mobile phones, the new car..... are they things that take the strain off? Or are they becoming treadmills that in the end will trip you up???

Sara Kavanagh
Castleknock Community College
Dublin

Chairperson, adjudicators, fellow speakers, ladies and gentlemen:

Do you remember 1985? That was the year Bob Geldof launched Live Aid. The year Gorbachev came to power and changed the face of the Soviet Union. The year all three of us were born. Yes 1985, the year we have chosen as our benchmark, sorry teacher, to assess how successful the Department of Health has been in rebuilding the psychiatric services in Ireland. For this was the age of new hopes, new challenges and new beginnings with the arrival of Planning for the Future!

This was a new policy document, which sought to treat the mentally ill in their communities. Furthermore, by its very title, planning for the future, we were accepting that the plan was an evolving one that would change to meet the needs of a modern, sophisticated society. In doing so we were leaving behind the old plan.

For the old plan placed the mentally ill out of sight and out of mind and behind the stigmatised walls of the psychiatric hospitals. Consider this, in 1985 twelve hundred patients were treated in St. Brendan's Hospital, Dublin, today only 180 patients are treated there.

Under the old plan myths and ignorance clouded the public's perception of the mentally ill. Today, many awareness programmes exist which time and time again remind us that mental illness affects one in four people in Ireland. The old plan invested little in the psychiatric services. But since the 1980s, Department of Health figures show, there has been an increase on spending allocating to Psychiatric Health of 30% (sorry teachers). This evening we, the Castleknock Community College team will show that in our lifetime there have many positive changes.

I will show how the 1999 Childcare Strategy has given real support to many families. While Chris will talk about the changes that have taken place in our schools and communities. And Karen will look at the national picture and show why, we must never stop planning for the future. Ladies and Gentlemen: if there is one thing that I have learned, is that some things never change.

Looking through the newspapers of 1985 I noticed that in sport Manchester United was winning, winning,.... Loosing. Like I say some things never change. :Ladies and Gentlemen: Man united, man destroys, man kills, man rapes, man murders. Man's inhumanity to man makes countless thousands mourn. As I glanced through the newspapers of yesteryear it struck me that nobody committed suicide. In those days nobody was abused, nobody was separated or divorced... nobody had a problem. Under the old plan a family whose loved one was suffering from a mental illness would endeavour to keep the matter quiet. We don't talk about that... because man judges!!!

As the progressive visionary days of Planning for the Future were implemented we were accepting that the mentally ill belong in our communities in day-care centres in support hostels. Furthermore we were accepting that the problem of mental illness should not rest solely on the shoulders of the psychiatric services, rather it was your problem, it was my problem, it was our problem.

Today families the world over must contend with so many ills: Divorce, separation, abuse, poverty, and mental illness. Now more than ever it is so important that the family remain strong and constant for the children of the Celtic Tiger.

So what makes a mentally healthy child in this age of constant change and uncertainty. According to child psychologist, Dr. Michael Fitzgerald if children are to thrive mentally they need three things: self-confidence, self-esteem, and self-worth.

Today families can treat their loved ones suffering from mental illness in our community. Today such initiatives as the Childcare Strategy give practical support to help build strong mentally healthy families.

Yes the past may be a different country but it has a good legacy, for let us never forget the wisdom of our third agers and let us recognise that they too have much to offer in building a new and better Ireland.

Under the old plan such sensitive issues would be taboo but under the new plan the government has taken the initiative when it launched the 1999 Childcare Strategy. This new plan empowers families through parenting programmes, which explore areas such as coping with stress and developing a positive self-esteem.

In our visit to the Roselawn Health Centre in Blanchardstown, we met community psychiatric nurses Daikie Hayes and George Brogan. They told me of the many positive benefits of the Childcare Strategy. Most importantly they told me that it allowed parents to promote in their children the important values of self-confidence, self-esteem and self-worth. Moreover, they reminded us that at the end of the day for mentally healthy children their best and only real hope lies in having mentally healthy ?????

Such initiatives remind us that much has been done to help the family under the new plan. But can we do more? Yes. Ironically I must return to the past for the answer. For if there is one thing we should preserve from the past it is wisdom and who are the keepers of wisdom... grandparents and third agers.

Earlier I spoke of the pain caused by separation and divorce. In their research on divorce, *Surviving the Breakup*, Wallerstein and Kelly tell us that what young people need most at such difficult times are security and stability. All too often grandparents are one of the few constants that exist for children and so can provide the necessary security and stability. They are not and should not be considered as a drain on our medical and state resources.

As we continue to build a better society for all... let us not forget the wisdom of our grandparents. As I close let me ask one final question. How different is life in Ireland since the old plan?

Chris Kennedy
Castleknock Community College
Dublin

Chairperson, adjudicators, fellow speakers, ladies and gentlemen.

Our school Castleknock Community College is situated in the heart of Dublin 15 and has built its philosophy on the old seanfhocal “Mol an oige agus tiocfaidh se – praise the young and they will follow”.

As you enter our college you will notice three words on display... Respect, Courtesy, and Responsibility and teachers and students are expected to uphold these values.

- To be responsible for our actions.
- To be courteous in all of our dealings and
- To be respectful of ourselves and others

Of course, this is not untypical of many schools in Ireland today but yes, we have come a long way since 1985. Under the old plan issues such as personal health and safety were not discussed in schools. Today we have the Stay Safe Programmes.

Under the old plan the thoughts of discussing sex education in schools, was unheard of. Today we have the Relationships and Sexuality Education Program. Under the old plan the role of the family and their influence on their children’s education ended at the school gate. Today parents are considered partners in education as the family plays an active part in the life of the school... through parent’s associations, parenting courses and community education. All of these new initiatives have changed the face of education and the communities it serves.

In my research I discovered that in Co. Dublin V.E.C., a psychological support service was established in 1985 by Breda O’Reilly-Hogan and Jim Connolly to support students

and teachers in an ever-changing world. So successful was this new plan that it is now a model for communities throughout Ireland. Jim and Breda told us how important it is to promote positive values in our schools.

Do we promoted positive values at Castleknock Community College. Well, in October last year we conducted a survey among 180 fifth year students, the future architects and builders of this society, to ascertain what contributed positively to their mental health.

- Friendship was cited by 83% as most important
- Trust coming a close second, was perceived by 74% to be an essential tool for the development of healthy relationships and attitudes.
- While a further 67% felt that sincerity in our dealings with others was another important component.

These values are also fostered in the home as Sara has so clearly outlined. Speaking of the home... Ladies and Gentlemen., I get up at 7am each morning and I'm force, well be it unwittingly by my parents to listen to R.T.E. Radio 1, so imagine my surprise when through he dulcet tones of Maxi and her musical memories... I hear Mike Watts – the National Co-ordinator of Grow deliver this thought for the day!

On Friday, 19th of January he said... and I quote “If we dared to seek community we would find more peace”. If we reached out more to those in need, we could tackle the many hidden problems that exist today in our communities.

So it was fitting that I visit our community medical centre where Dr. Thecla Finan confirmed that up to 80% of people presenting with physical ailments also have an underlying mental problem.

Ladies and Gentleman, the reasons for this are not because they have “have lost a few marbles”, as our ill-informed society characterises mental illness, but rather

- The climate of work in 2001
- The stress of traffic chaos and
- The impossible demands of adequately fulfilling the needs of the family

Add to that, a world of decreasing faith as the old pillars of society crumble in an increasingly secular and materialistic world; as Karen will further expose.

Furthermore, Dr. Finan reminded us of how we have lost the gift of true communication... to talk and to listen. For many young people this is what creates the struggle, the isolation, the feeling of having nowhere to turn. Under the new plan as we build a culture of awareness there are places to turn but such places need to be recognised.

When we visited the administration centre Connolly Norman House last year, I learned that our community of Dublin 15 belongs to area 6. As part of Planning for the Future, there are now three outpatients' clinics in our local area:

- The Lodge, which last year treated 314 patients
- James Connolly Centre treated 3,622 patients and
- The Roselawn Health Centre dealt with 3,632 patients.

In practical terms, last year

- Seven and a half thousand people, were supported in our community
- Seven and a half thousand families, saw their loved ones treated within the family unit
- Seven and a half thousand people had their illness normalised and this is the experience of communities throughout the country.

Under the old plan what would have happened to these people? How many of these people would have been treated in the community? . Moreover how many would have been needlessly placed in institutions?

Ladies and Gentlemen: it might horrify you to hear that there is approximately one suicide every two weeks in Dublin 15, according to Fr. Danjo, one of the founding members of a new organisation called Dochas, meaning hope.

Dochas is a voluntary group in Dublin 15, which provides a listening service for those bereaved by suicide. This initiative in response to the National Suicide Prevention Strategy, has helped address the problem of suicide: a problem that all too often was ignored under the old plan.

And let us take our lead from Dochas and realise that now is the time to rebuild our communities and to change the way our society thinks about mental illness just as our schools are doing. Now is the time to stop hiding behind our materialism and realise that our mental health is important. The old plan was good, but for yesterday. Now is the time to plan for the future. It is only then that we can rebuild our society and support the mentally ill within our communities.

Ladies and Gentlemen: Now is the time! Thank you!

Karen McConnells Speech
Castleknock Community College
Dublin

Chairperson, Adjudicators, Fellow Speakers, Ladies and Gentlemen:

Some weeks ago in history class we were watching a video documentary on the birth of the Irish Free State. Two things struck me in particular! The 1st were the immortal words of Padraig Pearse when he proclaimed that this state will cherish all the children of the nation equally. The 2nd were the closing images of a new Ireland set against the background of the song a Nation Ince Again. We have come along way since than but can we honestly say that we cherish all the children of the nation equally and are we a nation once again?

Consider this, in June 2000, 4 elderly women starved themselves to death in their rented home in Leixlip, co. Kildare. They lay undiscovered for three weeks and this happened in the middle of a modern housing estate. Nobody knew! Nobody noticed! Nobody cared!

Ladies and Gentlemen: Welcome to Ireland 2001. The land of the three bedroom semi detached designer home, the land of the fast cars and road rage. The land of economic boom. The land of riches. The land of the lonely. The land we rebuild and called the Celtic Tiger. The land where suicide is now the 6th highest cause of death. Higher even than road accidents! So what has happened to us?

In truth, we grew up and discovered materialism, greed and all its trappings. But at what price? Do all the boats rise on the same tide? No! Because in this country we are prepared to spend 1 billion pounds on a national stadium while women and children sleep on the streets of our capital.

Consider this, in 1985 according to Focus Point, 37 women with 93 children lived in hostels. In 2000, 600 women with 990 children were classified as homeless in the Dublin region alone. Add to this the fact that 65-70% of homeless people suffer from stress and depression according to a recent study in the Mental & Physical Health of Homeless Families in Dublin, 2000.

On the one hand, I hear the argument that the economy is booming and that there has been a significant increase in investment in local housing and in community based projects.

But the visionaries among us such as sister Stan Kennedy, President of Focus Ireland, tell us that as we rebuild we are in danger of becoming a soulless society... a society without vision... a society that has no place for those who do not fit in!

But here is hope under the new plan. I speak of a national organisation that is actively helping to defeat depression... Aware, which was established in 1985. Aware tells us that depression is a common disorder affecting at least 10% of the population directly at some stage in their lives.

To that end over the last 15 years not only have they helped to rebuild lives, they also have contributed in rebuilding our society, through their public lectures, information seminars and research publications, such as this one "Keeping Hope Alive".

The fact that we can now speak publicly about these ills: the fact that we are aware of these ills reminds us that we have come a long way. But many of these ills, such as depression and suicide, have been caused by the new society we live in – as shown by Chris

We all know at this stage the horrendous figures associated with suicide in our country. Consider this, suicide is now the 2nd highest killer of young men between the ages of 18-

30. Why do so many live lie still in a fume filled garage.... On a lonely country road... in a cold suburban bedroom... when life still had something to offer them. Life is not still, it is ever changing! The problem is real and been taken seriously. The Report of the National Task Force on suicide 1998 is evidence of this.

Today health services, voluntary bodies, the workplace and schools work together in terms of a suicide prevention strategy. But despite these initiatives, too many people are standing still and the vision required is lacking and lives continue to be shattered rather than rebuilt.

At the end of the day what is required is a quantum leap as displayed by such visionary groups as Focus Ireland, Aware, Dochas..... not just an investment in buildings but in the mindset of Ireland, 2001. So as I look out on Ireland 2001, I would like to ask you all some questions and I would like you to respond by putting your hand sup!

How many think that Ireland has made progress under the new plan? Hands up!

How many think we have made no progress? Hands up!

How many don't know? Hands up!

How many don't care? Hands up

Because yes ladies and gentlemen... there are those who just don't care.

I speak of an eight bedroomed house that was broken into early on Friday the second of February and the mirrors and toilets were smashed, cisterns were damaged and petrol poured over newly laid carpet. So what?

The fact that this house was designated as a support hostel for the mentally ill to rebuild their lives in... says it all. A modern Irish Community... yes indeed... welcome to Ireland 2001. And there lies the truth of it all....

Ladies and Gentlemen: This evening we the Castleknock Community College team have argued that the society we have rebuilt has done much to tackle the problems of mental illness. Sara showed how the family has been supported through a wide range of initiatives such as the 1999 Childcare Strategy. While Chris showed the positive programmes that we have implemented in our schools and the range of support services in our community.

In 1985, our nation began to rebuild itself with a newfound confidence. A nation that has fostered the family. A nation that has cared for the community. A nation that has rebuilt a society to cherish all children of the nation equally and until this is the case we can not.

So Ladies and gentlemen: Are you helping to build a mentally healthy future for Ireland. Yes, no, maybe? Well until we all play our part we can not truly say that we are a nation one again.

Elaine O'Brien
Gorey Community School
Gorey, Co. Wexford

Chairperson, adjudicators, fellow speakers, ladies and gentlemen

“True Education should promote the 3 R’s:

- Respect for self
- Respect for others and
- Responsibility for all your actions.

I will deal with respect for self, Niamh will discuss respect for others and finally Aoife will close on responsibility for all your actions.

We regard education as much more than you schooling and taking C.K.

Chesterton’s definition, which is “Education is simply the soul of a society as it passes from one generation to another”.

Tonight, we would like you to imagine yourself on the Titanic. The maiden voyage of this vast and powerful ship mirrors the huge potential of the human being going through life. As in life, the journey on the Titanic was fraught with finite disappointment but infinite hope for those who survived. Every person’s life begins full of hopes and expectations, yet without nurturing parents, encouraging teachers and a responsible society, our lives are destined for frozen, iceberg filled waters. The focus of my speech is the family and how parents should educate these children by promoting respect for self in the home environment.

According to Article 42 Section 1 of the constitution, the state acknowledges that the primary and natural educators of the child are the family. Therefore parents play a pivotal role in the early education of their children. But parents cannot be successful educators unless they themselves are mentally healthy. In a recent survey by the Lancet medical journal, 3 in 10 mothers attend their GP at least once in their lives, suffering from post-natal depression and other stress related illnesses.

If parents are under stress from work and family commitments, they may take the easier option when rearing their children. They may indulge them in the mistaken belief that this is love. According to psychologist, Tony Humphries, “immediate gratification may lead the child to lack self-discipline, patience and co-operation”, qualities which are essential for respect for self and others. So what is respect? Respect is an attitude of deference and esteem, of admiration and regard. Those aspirations are as relevant to the child in the home as they are to the student in the school system and also you our esteemed audience.

For many decades, the topic of the nature-nurture theory has been debated. According to psychologists Malim and Birch, a baby’s mind at birth is like a blank slate onto which experience will write. Therefore a change in the environment will produce a change in the individual. To quote Heathcliff in *Wuthering Heights*: “We’ll see if one tree won’t grow as crooked as another with the same wind to twist it”.

But then there is the other view, which states that babies are born with an inherited blueprint. Behaviours develop as though they were on a genetic time switch, maturity, and there is little anyone can do to change what nature has provided. And so, the family and culture into which you are born does influence you during life. There are two types of families: the nurturing family and the toxic family.

The nurturing family educates in order to promote and foster respect for self. It is not threatened by success or weakness, but sees these as naturally occurring aspects of life.

In the nurturing family, failure is not fatal and challenges are obstacles to be overcome not there to belittle you or to scuttle you.

Sonia O'Sullivan grew up in a family where she was taught about infinite hopes and dreams. Her self-respect and esteem flourished and she was filled with encouragement. Look at what she has achieved! She displayed her positive mental attitude at the Sydney Olympics when she sailed home to win a silver medal.

At a conference on suicide in Galway in December 2000, the president Mrs. Mary MacAleese said "a nurturing environment which adults create can help the child to grow up strong and happy, to bring out the best in him and to make him robust mentally and physically".

Then there is the toxic family. To quote a verse from Philip Larkin's "This be the verse":

They mess you up, your Mum and Dad,
They many not mean to, but they do.
They fill you with the faults they had,
And add some extra just for you.

The toxic family is controlling and aggressive, they drown self-respect, self-esteem and self-worth. Just like the Titanic when it sank, few can survive this. Last year Childline estimated that over 20% of their calls came from children who felt emotionally and psychologically neglected. It is impossible to be mentally healthy and to have respect for self if you are living in a family where you are ridiculed, belittled and treated with blatant disregard.

The links between a toxic childhood and long term mental health difficulties are now well established. However, educational programmes promoting respect for self, respect for others and responsibility for all your actions, for parents, would help to promote awareness of this problem within the family.

True education should promote the 3 R's for the whole family. Family therapists believe that problems are rarely limited to a single-family member. A problem for one is considered a problem for all. If changes are not made in the family system, changes in any single-family member may not last. Respect and responsibility must be promoted in every individual in order for the family to be happy together.

The captain on the Titanic took responsibility for his ship, but did not take advice about the speed, suffering dire consequences. Parents need to take responsibility for their children and to educate themselves on the best child rearing practices. Unfortunately, there is very little emphasis in this country on preparation for parenthood. In the 1960's, people took their direction from Dr. Spock, but since then there has been no definite guide for parents. Often the child rearing practices are on an ad hoc basis and when families experience emotional, psychological or behavioural difficulties, there are no support mechanisms in place to help them.

Often parents, trying to deal with difficult children will go themselves to a doctor and be prescribed Valium. A prescribed drug may alleviate the immediate distress but the underlying problem will still remain to be the parent-child relationship. Unless the relationship is one of mutual respect, then their life's journey is destined for the same fate as that of the Titanic.

There are two lasting bequests parents can give their children. One of these is a harbour, the other is sails!

Niamh Ni Shuilleabhan
Gorey Community School
Gorey, Co. Wexford

True education should promote respect for self, respect for others and responsibility for all your actions.

Respect for others involves tolerance, self-sacrifice and understanding. Can you be taught respect or is it like a suntan for a two week holiday in Tenerife – it fades unless you keep working on it? Is the ability to respect others an innate virtue or is it influenced by other factors? Respect for others comes from a combination of variables. It may be innate but it can also be learned and it stems from the initial foundation stone of self-respect.

If you do not have respect for your own mind, body and spirit, then it would be difficult to respect others. True education should promote respect for others. This education is found on our journey of experience. We begin at port, at home, anchored by our parents, as dealt with by Elaine. Our journey passes through the rough seas of adolescence, hitting the odd iceberg and eventually, hopefully will arrive at self-knowledge, true education, with a positive mental attitude.

We use the tragedy of the Titanic tonight to open eyes and broaden horizons. When disaster struck and panic set in a truly noble sense of etiquette and respect was shown to the weaker on the ship. Solomon Guggenheim, a wealthy patron of Arts gave his life jacket to a passenger from steerage. A sublime sacrifice for a less privileged human being; surely this is a result of a truly noble Education.

Yet, why must we wait for disaster to show our respect for others. In the words of John Paul Richter: “Do not wait for extraordinary circumstances to do good actions, try to use ordinary situations”.

The formative years of the young adult are spent in the safe and hallowed surroundings of Primary and Secondary School. Yet how well does our current system ‘educate’ young people with respect others? We are told by teachers that we must show respect for others or we will be punished. But is fear of punishment the only bulwark against lack of respect. Surely that if there is a greater emphasis on the effects that our actions have on others than we would learn more readily. Consider the consequences of bullying.....

Recent research in Trinity College Dublin estimates that 42% of 12-15 year olds have been bullied at some stage. Bullying destroys the mental health of the victim, eroding self-esteem and confidence. It leaves the bully with a misguided sense of personal direction. Bullying puts people off their course and prevents them reaching their full potential.

We need an approach to Education which fosters respect for others and for one’s self. Where schools have Pastoral care programmes, in general, the student will be mentally healthy because their school experience is focused on their potential achievement rather than shortcoming according to Rutter et al.

Transition year aims to promote the Personal, Social and Educational development of students. In working with modules such as the Mental Health Matters programme, it is hoped that in the words of Renoir and Dusa: “that schools will become places where the students are stimulated to make the most of their lives, because others care about them”.

Development and awareness is the key to self-respect, and in having this, one will respect others. The school years should only launch us on our journey of discovery and self-

knowledge they should not instill fear and pressure. Yet a full education is more than the three R's: "Reading, riting and rithmetic". It accounts for all aspects of learning, values and development in life. Why in the words of Mark Twain: "I never let schooling interfere with my education".

In many areas of society today, lack of education and lack of respect for others is apparent. Groups alienate and isolate others because they are different or feared. Minority groups such as the mentally ill are left in the iceberg of loneliness. The raising awareness of mental illness and mental health in society helps in our battle against the ignorance and prejudice that prevails against the mentally ill.

Physical health is adequately dealt with, but when we mention mental health we immediately think of mental illness rather than positive mental health. A positive mentally healthy person is one who has an optimistic active orientation towards life, and is open-minded about new experiences, rather than fearing change.

The Civic, Social and Political education needs to focus on our roles as citizens in a country where everyone is treated with due regard. Is this the case in Ireland? If true Education should promote respect for others – has Ireland's system failed us when we don't extend a true welcome to the refugees who seek asylum in our country. Do we Paddy whackery or Pakki whackery? Fine you may laugh, but you wouldn't if you were the subject of racial abuse.

Is racism a form of Mental Illness? Mental illness involves irrational fears, fears of change and fear of the unknown. Are the minority who speak out against refugees mentally ill? Are they suffering from foot and mouth disease? Every time they open their mouth the put their foot in it!

The plan to house 500 refugees in Mosney in December 2000 was greeted on Morning Ireland by one resident saying; "We don't want these people; we don't like them they are

an intrusion”. And yet in our school we have students from Nigeria, China and Pakistan. We want them, we like them, we respect them and in our school with 1,500 students is a microcosm of society – we need not worry about racism. And yet, in the Irish Independent IMS in December 2000, only 17% of people surveyed welcomed the multi-cultural society.

Has this a resonance of the 1950’s in England? No dogs, no Irish and no Blacks. Do I hear the over doors in Auschwitz clanging shut after 50 years after the liberation of the death camps? If a phobia is a mental illness than Xenophobia is alive and well and living in Ireland. Ignorance and prejudice are social toxins that are fed on Xenophobia in Irish people.

A true education should promote a respect for others in an open society. Within such a society there would be respect for all individuals, regardless of the factors such as nationality, social class or mental health status. Respect enriches society and ultimately we all benefit. In the words of Goethe, “Respect is the golden chain by which society is bound together”.

Aoife Byrne
Gorey Community School
Gorey, Co. Wexford

Elaine and Niamh have outlined the importance of education in the home and in school, by promoting respect for self and respect for others. I will discuss the important role that true education has in promoting responsibility for all your actions.

True education should promote responsibility for all your actions. This statement is inspirational, visionary and idealistic, but is it possible? I believe it is, I believe that education, being moral training and the soul of society, can promote responsibility.

Education as Niamh has said, it is a life-long journey, it does not end the day we walk away from the university throwing our mortar boards in the air, like Bertie throwing our money at the Bertie Bowl!

Education is in a sense, our mental fruit, the apple a day that keeps the doctor away. It keeps us aware and informed. It is our lifeboat that keeps us afloat. In the words of Cardinal Newman: "Education should be moral training, rather than mere instruction".

Are you responsible for all your actions? When you take responsibility:

- It shows a positive mental attitude to life and the difficulties you encounter.
- It shows respect both for yourself and others.
- Most of all, taking responsibility for your actions shows maturity both emotionally and mentally. Maturity involves compromise and integrity.

Is the drug addict responsible for all his actions? He is to a certain extent, but the philosophy of John Donne is surely correct; “No man is an island”. Family, community and of course education are needed to help him fight the habit. At present, according to the Drug Strategy Team, there are 5,000 drug addicts in Dublin alone on the Methadone Programme. These addicts are re-educating themselves in the hope of becoming drug free. But they cannot take on this responsibility without help.

Drug abuse can cause mental illness. Self help programmes in the community can promote self-esteem and self-confidence, factors which influence behaviour.

Ultimately, responsibility is a shared matter, an idea expressed in Plato’s Republic; true education should promote this responsibility.

As Elaine has said mental health is a consequence of our environment and you as members of society are responsible for your attitudes and the environment in which your friends and family grow and learn.

Do you have drugs in your home? Oh no! Not in our family. Oh yes! Just take a look in your drinks cabinet.

Parents must take responsibility, as adults, for their drinking habits and educate themselves about effects of drink in their mental health. Responsible parenting ensures that people have greater self-control; but they are mentally stronger and responsible for all their actions.

According to figures from the World Health Ministerial Conference held in Sweden on February 2001, 32% of Irish girls in the 15-16 year age group were found to binge drink. A staggering figure, if you pardon the pun!

Do these figures alarm you?

They frighten us.

Should we blame the alcohol promotional campaigns for alcohol abuse? Is this the iceberg that brought the Titanic down?

Look at what the most popular ad on television is at the moment for 8 years old. It's not for pop music or computer games as one might expect, but the "Whass-up?" Budweiser ad.

We need education campaigns highlighting the side effects of alcohol on the mind and body, through the mediums of television, radio and teenage magazines. There is a need for serious commitment on the part of the people and government to mental health promotion.

In 1984, the Department of Health policy, "Planning for the Future", planned to change conditions for mentally ill patients. There has been a massive drop in numbers staying in institutions from 20,000 in 1960 to 4,400 in the year 2000, as a result of this policy. Efforts are being made to rehabilitate former patients into the community, hostels have been set up to house former patients.

Unfortunately we are not welcoming these people into our community. In February 2001, the house to accommodate psychiatric patients in Swords was vandalised. The residents of the area were not willing to accept responsibility for former patients in their community. I think they should have taken the educational advice of the Irish Independent initiative, Building for the Future, which points out that; "when individuals move into a community they become part of it".

Just like when the Titanic sank, and those who survived reached the lifeboats, all social classes were responsible for pulling together and making this boat their escape to recovery and a new life.

Elaine, Niamh and I have shown tonight how respect and responsibility should be promoted, and that true education is a life long journey and the soul of society, through the metaphor of the Titanic. We have highlighted the difficulties involved and the Titanic task it is!

As the Titanic sank, the distress S.O.S. went out. Our society may not be sinking, but individuals around us are drowning and it is our responsibility to heed their calls of distress before the water of despair close over their heads. In throwing them a life-line. We have put together our own S.O.S:

- S – Strengthen our awareness of mental illness and the benefits of positive mental health to society.
- O – Open your heart and your mind. Include everyone: the mentally ill, the refugees, the drug addicts. Let it become a more inclusive society, leave no one without a life jacket.
- S – Support one another on our voyage towards a true education, by showing respect and responsibility.

I will leave you with a quotation from the great philosopher Marcus Aurelius: “Let’s put an end once and for all to the discussion of what an educated person should and be one”.

Thank you.

