Ireland: social cohesion for mental well-being in adolescence

Michal Molcho[1], *Colette Kelly*[1], *Anne Sheridan*[2], *Margaret Barry*[1], *Saoirse Nic Gabhainn*[1].

[1] *National University of Ireland, Galway.*
[2] *Health Service Executive, Letterkenny.*

Executive summary

Adolescence is a relatively healthy time in life with low levels of morbidity and mortality. Yet adolescence is also the typical age for the onset of a range of mental disorders, which for some can have lifelong implications. In light of this, promoting positive health and well-being in adolescents is of high importance. The Irish case study presents the mental well-being status of Irish adolescents, determinants of mental well-being, the Irish policy framework and a description of an intervention initiative that aimed to improve adolescents' emotional well-being.

There is limited information about Irish adolescents' mental health status and the determinants associated with mental disorders. Data on well-being, positive health and resilient factors are, however, available. Based on data collected as part of the Irish 2006 HBSC survey, 76.6% of Irish children report high life satisfaction, 52.8% report they always or very often feel happy with the way they are, and 49.7% report that they are very happy with their life at present. Only 33.3%, however, report that they enjoy excellent health. The following complaints were reported as being experienced at least once a month: headaches (52%); stomach ache (45.9%); backache (34.2%); feeling low (48.4%); feeling nervous (57.3%); experiencing sleeping difficulties (44.3%); and feeling dizzy (30.1%).

Findings from the Irish 2002 HBSC survey suggest that poor mental health (feeling unhappy, reported low life satisfaction, frequent physical and emotional symptoms) is associated with food poverty, while other studies suggest that good communication with older siblings and peers, and especially parents, predict high life satisfaction, happiness and infrequent psychosomatic symptoms. Findings also suggest that more sources of support in social settings predict better mental well-being. Additional analyses indicate that positive perceptions of school and local area are also strong predictors of positive health.

The social climate in Ireland is undergoing change: the GDP has tripled over the last ten years; the number of older people has increased, changing the overall age structure of society; and the number of lone-parent families has increased and more women participate in the labour force, suggesting a possible shift in family structures. Despite economic growth, recent data illustrate that 34.4% of people in consistent poverty are children and that members of lone-parent households make up almost 15% of people in consistent poverty, despite representing less than 4% of the population. This changing climate may pose a threat for mental well-being which, in part, has provided the impetus to put mental health promotion at the forefront of policy issues. A number of policy documents set out recommendations on promoting positive mental health. Findings from HBSC surveys have been used by government bodies and nongovernmental agencies to advance and assist in the development of national social and health-related policies and have also been used as a resource for policy-makers.

An all-Ireland cross-border mental health promotion initiative, the "Getting it together" project, is described in detail in this case study. The project was carried out under the auspices of Cooperation and Working Together (CAWT), a cross-border body in Ireland that aims to improve the health and social well-being of their resident populations *(1)*. The initiative targeted adolescents and young adults in Ireland and Northern Ireland and was designed to build participants' understanding of emotional well-being and facilitate the development of a youth-friendly, needs-led resource. The resource materials include posters, flashcards and leaflets, which are intended for use by trained peer leaders.

The participants reported an increase in confidence and improved coping, communication and facilitation skills. Positive effects on emotional and mental well-being were reported by the young people involved and by the advisory group. Opportunities for young people to pilot the resource with their peers and to support other young people to use or deliver it were identified. A comprehensive evaluation of the project was undertaken, which included examining the process of development of the resource, the impact on the participating young people and the extent to which the project achieved its aims and objectives.

Introduction

Adolescence is a relatively healthy time in life with low levels of morbidity and mortality. Yet adolescence is also the typical time for the onset of a range of mental health problems, which for some can have lifelong implications. In light of this, promoting positive health and well-being in adolescents is of high importance. This case study presents the mental well-being status of Irish adolescents, social cohesion as a predictor of mental well-being, the Irish policy context and a description of an intervention initiative that aimed to improve adolescents' emotional well-being.

The population of Ireland is 4 234 925 people (2006 figures) living in 26 counties over 43 666 km^2, with a population density of 96.98 people per km^2. Since 2002, the population in Ireland has increased by 8.1%. About 10% of the population to date is non-Irish nationals, reflecting the high net inward migration of about 46 000 a year between 2002 and 2006. The majority of the population (2.3 million) reside on the eastern province (Leinster), followed by 1.2 million in the south and south west province (Munster), 0.5 million in the western province (Connacht) and 0.27 million in the counties of north-west province (Ulster) that are part of the Republic.

The population of Ireland is relatively young (35.1 years) with about a quarter of the population being children under 18 years. Together with a large number of immigrants, the increasing divorce rate is another indicator of the changes in society. Divorces were legalized in Ireland in 1997 and, by 2002, the number of divorces had more than tripled (from 9800 to 35 100). The official languages in Ireland are Irish and English.

Mental health and well-being status among adolescents

There is limited information about Irish adolescents' mental health status and the determinants associated with mental disorders. Existing data on children's admissions to psychiatric hospitals reveal that 85.9% of adolescents admitted were aged 15–17 years. The leading reasons for admission were depressive disorders, neurosis, personality disorders, drug dependence and schizophrenia *(2)*. A community-based regional study found that out of 4000 children who were screened for mental health problems, 10% of 6–12-year-olds and 26% of 13–18-year-olds were diagnosed positive. The figures were higher for children from deprived socioeconomic backgrounds, with 16% of 6–12-year-olds and 34% of 13–18-year-olds diagnosed with mental health problems. National data on adolescents' mental health that are regularly reviewed and updated are lacking, but data on well-being, positive health and resilient factors for mental well-being are available.

Based on data collected as part of the 2006 Irish HBSC survey, 76.6% of Irish children reported high life satisfaction, 52.8% reported they always or very often felt happy with the way they were, and 49.7% reported that they were very happy with their life at present. However, only 33.3% reported that they enjoyed excellent health: 52.0% reported that they suffered from headaches; 45.9% reported stomach ache; 34.2% reported backache; 48.4% reported feeling low; 57.3% reported feeling nervous; 44.3% reported experiencing sleeping difficulties; and 30.1% reported feeling dizzy, all at the frequency of at least once a month.

Additionally: 45.2% reported taking medication for headache; 23.6% reported taking medication for stomach ache; 5.2% reported taking medication for sleeping difficulties; and 4.3% reported taking medication for nervousness, all at the frequency of at least once in the previous month.

There were substantial differences between boys and girls in how they answered these questions, and there were also differences by age group. In general, boys reported more positive well-being than girls, and well-being was lower among older adolescents than younger ones.

Social cohesion among adolescents

It is difficult to identify adolescents' level of social cohesion. For the purpose of this case study, the following indicators of social cohesion were examined: family structure; relationships with parents; peer relationships; and perceptions of school and local area.

Findings from the 2006 Irish HBSC survey indicate that 17.4% of adolescents lived in single-parent families. This finding is consistent with data from the 2002 census, indicating that 15% of adolescents aged 10–17 years were living in a household unit with a single parent *(2)*. Regarding relationships with parents, 80.7% of Irish children reported that they found it easy or very easy to talk to their mother and 64.1% reported that they found it easy or very easy to talk to their father. Only 3.2% of children reported that they did not have or did not see their mother, compared to 6.5% who reported that they did not have or did not see their father.

Irish schoolchildren report strong peer relationships: 77.8% of children reported having three or more close male friends; 80% reported having three or more close female friends; and 86.1% reported that they found it easy or very easy to talk to their best friend. Additionally, 40.5% reported spending time with their friends after school four times or more per week, and 42.3% reported spending time with their friends four or more evenings per week. However, 12.9% of children reported that they didn't spend time with their friends after school or in the evening on any day of the week.

The data on school perceptions can be divided into three areas: students' relationships, relationships with teachers, and general school perceptions. Overall, 74.4% of Irish children reported that the students in their class enjoyed being together; 79.8% reported that the students in their class accepted them the way they were; and 67.6% reported that the students in their class were kind and helpful. Regarding relationships with teachers, 69.5% reported that they could get extra help from teachers; 62.8% reported that their teachers encouraged students to express their own views; and 57.9% reported that their teachers treated students fairly. In addition to relationships with students and teachers, the students reported on more general school perceptions: 57.7% of children reported that school was a nice place to be; 67.8% reported that they felt they "belonged" at school; 72.1% reported that they felt safe at school; and 55% reported that the rules in their school were fair.

The last set of indicators of social cohesion examined perceptions towards the local area: 90.4% of Irish children reported that they felt safe in their local area; 75.3% reported that their local area was a good place to live; 83.4% reported that it was safe for young children to play outside; 72% reported that they trusted the people in their local area; 78.7% reported that they could ask for help or a favour from neighbours; and 42.2% reported that there were good places to spend free time in their local area.

The relationship between social cohesion and mental well-being among adolescents

The link between mental well-being and social cohesion has been explored in a number of recent analyses of the Irish HBSC data. Findings from the 2002 survey suggest that children living with both parents and having positive relationships with their parents and friends were more likely to report that they were very happy compared with children in single-parent families and those who did not have such positive relationships with their parents and friends *(3)*. Living with both parents was also found to be correlated with less emotional and physical symptoms *(4)*. Infrequent emotional and physical symptoms were also associated with good relationships with classmates and with good relationships with parents *(5–7)*.

A study of food poverty found it to be associated with poor mental health (feeling unhappy, reported low life satisfaction, frequent physical and emotional symptoms). Children who report that they go to bed or to school hungry because there is not enough food in the home are more likely to report frequent physical and emotional symptoms and lower life satisfaction. Children experiencing food poverty are also more likely to be unhappy with their lives *(8)*.

Another study suggests that across both genders and all age groups, good communication with older siblings, peers and especially parents is predictive of high life satisfaction, happiness and infrequent psychosomatic symptoms. In addition to the separate effect of each of the sources of support, it was found that the accumulation of support from all three sources is an even stronger predictor of positive health: the higher the number of sources of support, the more likely it is for children to experience positive health *(9)*. Following the same approach to data analysis, findings from the 2006 Irish HBSC survey suggest that the higher the number of positive school perceptions and of positive local area perceptions, the more likely it is for children to report high life satisfaction *(10,11)*.

Social and policy context

The social climate in Ireland is undergoing change. The GDP has tripled over the past ten years; the number of elderly people has increased, changing the overall age structure of the society; the number of lone-parent families has increased; and more women participate in the labour force, suggesting a possible shift in family structures *(2,4)*. Despite economic growth, recent data illustrate that over one third of people in consistent poverty are children (34.4%) and that members of lone-parent households made up almost 15% of people in consistent poverty, despite representing less than 4% of the population *(12)*.

This changing climate may pose a threat for mental well-being which, in part, has provided the impetus to put mental health promotion at the forefront of policy issues. A number of policy documents propose recommendations on promoting positive mental health; these documents will be reviewed below.

One of the most important policy documents is The national health promotion strategy 2000–2005 *(13)*, which sets a broad policy framework to inform action. In relation to children and young people, the national strategy highlighted several major needs: the need to promote a holistic approach to promoting physical and mental well-being; the need to focus attention on children from lower socioeconomic backgrounds; and the need to support, promote and develop healthy lifestyle choices were prioritized. The strategy outlined several mechanisms to fulfil these needs, including the development of partnerships with families and other bodies relevant to the lives of young people.

The issue of suicide and deliberate self-harm has been of concern in recent years, with several policy initiatives put in place to address the problem. In 1993, the Criminal Law (Suicide) Act decriminalized suicide, a behaviour that up until 1993 was considered an offence. Following this development, the National Task Force on Suicide was established in 1995 by the Minister for Health and Children. The Task Force published its first report in 1998 *(14)*. This was the first report to address the issue of suicide in Ireland and it made a number of recommendations covering service provision, primary prevention, crisis intervention and research.

More recently, the "Reach out – the national strategy for action on suicide prevention 2005-2014" *(15)* strategy was developed, addressing the issue of suicides and deliberate self-harm. It reveals that more people die each year by suicide than in road traffic accidents in Ireland, with youth suicide rates ranked fifth highest in the EU. In essence, the strategy aims to: prevent suicide and self-harm; reduce levels of suicide ideation in the general population; offer effective and timely support to those engaged in deliberate self-harm; and support those affected by suicide death or deliberate self-harm.

The main objective of the strategy in relation to young people is "to promote positive mental health, develop counselling services and put standard crisis response protocols in place in all primary and secondary schools". The strategy identifies the school as an important arena for positive health promotion and prevention of mental health problems. School plays a role in building children's resilience but also in identifying and supporting students at risk (due to, for instance, bullying, sexual orientation or low self-esteem). Schools also play an important role in the aftermath of suicide (of a student or another member of the school community), minimizing its negative impact on the school and the wider community. The strategy therefore highlights the need to include education on mental well-being and mental health problems in the school curriculum. More specifically, it states that the curriculum should address the myths and stigma surrounding mental health problems, which are barriers to seeking help.

The most recent policy document, *A vision for change: the report of the Expert Group on Mental Health Policy (16)*, sets out a comprehensive model of mental health services provision in Ireland and proposes a framework for how positive mental health should be implemented. The suggested framework recognizes the need for programmes addressing risk and protective factors in young people and puts the focus on child populations that are at risk (those from poorer socioeconomic backgrounds).

One such programme is the Social Personal and Health Education (SPHE) programme. The report recommends that the SPHE programme (and other relevant programmes) be part of the school curriculum at primary and post-primary levels of education. It puts specific emphasis on the prevention of bullying behaviour as a key element in the promotion of positive mental health and emphasizes that programmes should not only address school-going children, but should also be implemented for early school leavers.

Other strategies that are cognisant of the need to promote positive mental health include the national children's strategy *(17)*, which adopts the "whole-child" perspective. This strategy aims to advance children's quality of life and promote all aspects of their development. The national drugs strategy *(18)* identifies young people (school- going and early school leavers) as a risk group for substance misuse, highlights associations between substance misuse and antisocial behaviour and points out that children using drugs are at risk of finding themselves outside the scope of mainstream society. The strategy therefore aims to prepare young people to resist drugs and to handle drug-related problems through the provision of information, skills and support and through strengthening the sense of belonging and involvement in school and in the community.

Another example is the Strategic Task Force on Alcohol. In their report *(19)*, the Task Force addresses the risks associated with early-age alcohol consumption and identifies areas for intervention through: creating alcohol-free environments at sporting events; creating and promoting parenting programmes for alcohol awareness; including programmes that offer support for celebrating special events safely in the school curriculum; and promoting responsible approaches towards alcohol use among college students.

Select intervention aiming to build social cohesion for mental well-being among adolescents

An all-Ireland cross-border mental health promotion initiative, the "Getting it together" project, is described below. This initiative was carried out under the auspices of CAWT, a cross-border body in Ireland that aims to improve the health and social well-being of their resident populations *(1)*.

Background

CAWT is a cross-border health care initiative between Northern Ireland and Ireland, initiated in 1992. It is based on the understanding that areas around the boundary between the two regions not only share a common demographic profile, but also share the same problems of high levels of poverty, isolation and peripherality. Within the context of health and social care, it seemed best to tackle these problems through identifying and exploiting opportunities to work together to improve the health and well-being of the border population. Through the CAWT initiative, several services and programmes have been developed, including the "Getting it together" programme.

In 2003, following a cross-border conference, the CAWT Mental Health Subgroup identified the promotion of positive mental health, particularly among young people aged 16–25 years, as an important priority. In collaboration with the Health Promotion Subgroup, a proposal broadly aimed at promoting positive mental health across the border region among 16–25-year-olds and to address the legacy of the Northern Ireland conflict was developed. The proposed programme secured funding under the PEACE 11 programme established in 1995 to promote cross-border peace and reconciliation in the Border Counties of Ireland and Northern Ireland. It ran from 2000–2004 with an overall objective of providing a strategic framework to support cross-border cooperation strategies and projects for a variety of sectors and organizations.

A project steering group was established in late 2003 and altogether three initiatives were undertaken: a strategic review of mental health promotion across the CAWT area; the piloting of mental health first aid; and the development of a mental health promotion project targeting young people through the direct involvement of existing youth participation structures.

The initiative involving adolescents and young people aimed to develop and pilot a youth-friendly resource to promote emotional well-being in partnership with young people and to build the capacity of young people to deliver the resource. The National Children's Bureau, United Kingdom secured the contract for programme development and the Health Promotion Research Centre, National University of Ireland, Galway conducted the evaluation.

The objectives of the initiative were to:

- work with a representative group of young people already engaged in youth participation projects, build their understanding of emotional well-being and facilitate them to develop a youth-friendly, needs-led and evidence-based resource;
- identify opportunities for young people to pilot the resource with their peers and support other young people to use or deliver it;
- evaluate the process of this project and the impact of the outputs; and

- plan for dissemination of the resource.

The expected outputs of the project were:

- an evidenced-based, youth-led resource for promoting emotional well-being and a plan for dissemination;
- enhanced understanding of emotional well-being within the youth participation projects;
- a strengthened framework for and enhanced links between youth participation projects in the CAWT area; and
- increased capacity of a group of young people to influence policy and practice towards promoting their emotional well-being.

Programme development

The development of the "Getting it together" project took place over a six-month period in 2006. A project plan was agreed by the steering group and the National Children's Bureau and the engagement of the locally based youth participation projects was established. A process to recruit the young people was decided and 12 young people agreed to become involved. Working sessions took place over a number of weekends on a residential basis. Active group work methodologies were employed for all working sessions and a clear working contract was agreed by all.

Background to the youth participation project

In 2004, the Health Service Executive West and the Western Health and Social Services Board were successful in a joint bid to the INTERREG 111, a programme of the EU, for funding for a two-year project which aimed "to improve the quality of life of young people aged 0–18 years who live in the border regions by ensuring their systematic and continuous involvement in the design and planning of health and social care services in the Western Health and Social Services Board and the Health Service Executive West in the north west of Ireland".

The youth participation project had already recruited a number of young people who had organized themselves in terms of areas of interest. The young people had identified mental health as one of their key areas of interest and decided that mental health would be the theme for two of their subgroups. The opportunity to become involved in the "Getting it together" project complemented this development.

"Getting it together" project design

The project had a number of components designed to develop the capacity of the young people and to facilitate their process of developing the resource. In particular, the following components were considered important:

- exploring the participants' understanding of emotional health and well-being and the aims of the project;
- identifying the emotional well-being needs of young people;
- understanding models/approaches used elsewhere and identifying their strengths, limitations and evidence base;
- recognizing and addressing the mental health impact of the civil conflict;
- determining what young people believe they can do to promote their own mental health and well-being and that of their peers;
- exploring suicide prevention;
- designing and delivering their preferred resource; and
- piloting the resource and making final modifications if necessary.

The graphic design company which was granted the design and printing contract worked directly with the young people during a number of the working sessions. The young people informed the design and layout of the final resource as well as its actual content.

The "Getting it together" resource pack

The resource pack includes a variety of leaflets, posters, pamphlets and two sets of peer-led interactive cards targeting young people, parents and service providers, among others. The group's definition of emotional well-being is outlined throughout the pack as:

- how you feel inside
- balancing emotions and having control of them
- self-esteem and confidence
- being comfortable with who you are
- coping with feelings and building up resilience and "bounce-backability".

Apart from providing information on emotional health and well-being, the pack also includes an interactive element designed to get young people talking about various elements of positive mental health and seeking help and advice. The interactive elements are used to raise difficult issues and initiate discussions. The resource pack could be used with individuals or groups, using vignettes with questions for discussions or "true or false" cards that give facts and beliefs which are then discussed with the individual or the group. Guidance on facilitating this interactive element is provided in the pack.

Evaluation

A comprehensive evaluation of the project, including an examination of the process of development of the resource, the impact of participation on the young people involved and the extent to which the project achieved its aims and objectives, was undertaken *(20)*. This section will summarize the findings of the evaluation.

The evaluation was conducted using qualitative participatory approaches as an integral part of the programme development and, later, in the assessment of its impact. Systematic information was collected about the different activities, characteristics and outcomes. At the pre-intervention phase, focus groups were used to determine the perceptions and expectations of young people. Observational methodology was utilized for the evaluation of the process of project development and partnership working. The impact of the project was evaluated using workshops, peer interviews, buzz groups, graffiti sticker sheets and a written evaluation questionnaire. Overall, 12 young people aged 15–20 from Ireland and Northern Ireland participated in the project. This group was compared with two groups totalling 20 young people who did not take part in the project, one group from Ireland and one group from Northern Ireland.

The results of the pre-intervention evaluation show that the understanding of emotional well-being was similar in both the project group and the comparison groups. All groups saw well-being as being centred on self-esteem, confidence and feelings. All groups mentioned family, friends, self-confidence, achievements and engagement in activities as determinants of well-being. Outcomes from the process evaluation revealed that the young people participating in the project were very engaged with it and found it to be an enjoyable, useful and important project. The majority of the participants (90%) participated in the discussions and 70% did not miss any residential weekend meeting. However, 20% thought the project was too long and 30% thought it was too short.

In the evaluation of the impact of the project, it was found that the participating group reported an increase in confidence and improved coping, communication and facilitation skills. Positive effects on emotional and mental well-being were reported by the young people involved. Opportunities for participants to pilot the resource with their peers and support other young people to use or deliver it were also identified.

Overall, the "Getting it together" project was viewed as a success by the participating young people. They found that participating in the project was intense, powerful and productive. Participants were very satisfied with the final product, acknowledging its strength in being designed by young people, for young people. For them, the experience was educational, worthwhile and interesting. Young people rated the project process extremely positively and were hopeful that the resource pack would work well for people of their age. Their reflection on the training they received to pilot the resource pack and of the pilot itself was also very positive.

Dissemination of "Getting it together"

The "Getting it together" pack has a number of target audiences, and dissemination has to take account of this. The pack is designed as a collection of resources, all of which can be ordered separately or as a whole for distribution through a range of settings such as schools, families, youth services and health services. The integration of the various resources into existing health promotion programmes, along with training in their use, will maximize their impact. The interactive cards are designed as peer education resources and require the training of young people as peer facilitators, so a supportive context is essential. The countrywide roll out of Social Personal and Health Education, a mandatory syllabus in all Irish post-primary schools, provides an opportunity for the dissemination of the "Getting it together" pack.

Lessons learned

The work with the advisory group and the designer resulted in a colourful and youth-friendly resource. Yet funding for the project ended at the stage of the final resource pack and no resources were allocated to the dissemination plan. While the participants volunteered to take the pack forward and use it, no national or systematic dissemination plan was drafted or funded, resulting in poor dissemination to date. This situation underlines, once again, the need to plan and fund not just the intervention tool, but also the means for dissemination.

References

1. CAWT [web site]. Derry, Western Health Social Services Board LTD, 1998 (http://www.cawt.com/site/default.asp, accessed 28 July 2008).
2. Hanafin S et al. *State of the nation's children*. Dublin, The Stationery Office, 2006.
3. Walsh W, Clerkin P, Nic Gabhainn S. *Emotional well-being among Irish schoolchildren. HBSC Ireland Research Factsheet No.16*. Galway, Health Promotion Research Centre, 2006 (http://www.nuigalway.ie/hbsc/documents/fs16_2.pdf, accessed 28 July 2008).
4. Molcho M, Nic Gabhainn S. *Family structure among Irish schoolchildren. HBSC Ireland Research Factsheet No.2*. Galway, Health Promotion Research Centre, 2005 (http://www.nuigalway.ie/hbsc/documents/factsheet_2.pdf, accessed 28 July 2008).
5. Molcho M, Nic Gabhainn S. *Classmate Relationships among Irish schoolchildren. HBSC Ireland Research Factsheet No.4*. Galway, Health Promotion Research Centre, 2005 (http://www.nuigalway.ie/hbsc/documents/factsheet_4.pdf, accessed 28 July 2008).
6. Walsh W, Clerkin P, Nic Gabhainn S. *Relationship with fathers among Irish schoolchildren. HBSC Ireland Research Factsheet No.11*. Galway, Health Promotion Research Centre, 2006 (http://www.nuigalway.ie/hbsc/documents/factsheet_11.pdf, accessed 28 July 2008).
7. Walsh W, Clerkin P, Nic Gabhainn S. *Relationship with mothers among Irish schoolchildren. HBSC Ireland Research Factsheet No.12*. Galway, Health Promotion Research Centre, 2006 (http://www.nuigalway.ie/hbsc/documents/factsheet_12.pdf, accessed 28 July 2008).
8. Molcho M et al. Food poverty among Irish adolescents. *Public Health Nutrition*, 2007, 10:4:364–370.
9. Molcho M, Nic Gabhainn S, Kelleher C. Interpersonal relationships as predictors of positive health among Irish youth: the more the merrier. *Irish Medical Journal*, 2007, 100:8:Suppl.:33–36.
10. Gavin A et al. School perceptions as a predictor of high life satisfaction among Irish adolescents: findings from the 2005/06 Health Behaviour in School-aged Children Study. *Paper presented at the 4th Annual one-day conference of the Division of Health Psychology, Maynooth, April 2007*.
11. Boyle C et al. Social capital perceptions as a predictor of high life satisfaction among Irish adolescents: findings from the 2005/06 Health Behaviour in School-aged Children Study. *Paper presented at the 4th Annual one-day conference of the Division of Health Psychology, Maynooth, April 2007*.
12. Central Statistics Office. EU survey on income and living conditions 2005 [web site]. Dublin, Central Statistics Office, 2006 (http://www.cso.ie/releasespublications/documents/eu_silc/2005/eusilc_2005.pdf, accessed 28 July 2008).
13. Department of Health and Children. *The national health promotion strategy 2000–2005*. Dublin, The Stationery Office, 2000.
14. Department of Health and Children. *The report of the National Task Force on Suicide*. Dublin, The Stationery Office, 1998.
15. Department of Health and Children. *Reach out – the national strategy for action on suicide prevention 2005–2014*. Dublin, The Stationery Office, 2005.
16. Department of Health and Children. *Vision for change: report of the Expert Group on Mental Health Policy*. Dublin, The Stationery Office, 2006.
17. The Department of Health and Children. *The national children's strategy. Our children – their lives*. Dublin, The Stationery Office, 2000.
18. Department of Tourism, Sport and Recreation. *The national drugs strategy 2001-2008 – building on experience*. Dublin, The Stationery Office, 2001.
19. Department of Health and Children. *Strategic Task Force on Alcohol – interim report*. Dublin, The Stationery Office, 2002.
20. Meade K, Barry M, Rowel D. *Evaluation of the youth-led emotional well-being project "Getting it together"*. Health Promotion Research Centre, NUI Galway, 2006.