



### **Integration of SDGs in**

- Institutional governance/strategic level
- SDGs in research
- SDGs in campus operations
- SDGs in curriculum development
- SDGs in student engagement activities
- SDGs into community activities
- SDGs at a whole-institution level

### **Focus on**

- Goal 1 - No poverty
- Goal 2 - Zero hunger
- Goal 3 - Good health and wellbeing
- Goal 4 - Quality education
- Goal 5 - Gender equality
- Goal 6 - Clean water and sanitation
- Goal 7 - Affordable and clean energy
- Goal 8 - Decent work and economic growth
- Goal 9 - Industry, innovation and infrastructure
- Goal 10 - Reduced inequalities
- Goal 11 - Sustainable cities and communities
- Goal 12 - Responsible consumption and production
- Goal 13 - Climate action
- Goal 14 - Life below water
- Goal 15 - Life on land
- Goal 16 - Peace, justice and strong institutions
- Goal 17 - Partnerships for the goals

### ***Summary:***

### **Mental Health Educate**

According to the World Health Organisation, mental health disorders are one of the most significant public health challenges in the WHO European Region. Without good mental health, people feel unable or less able to carry out activities of daily living, including self-care, education, employment and participation in social life. Supporting mental health and well-being is a key action in Sustainable Development Goal 3 which deals with good health and well-being.

A new website from RCSI University of Medicine and Health Sciences, entitled [Mental Health Educate](#) aims to address this issue by supporting educators to raise awareness of mental health and well-being in schools and third-level educational settings.

The website provides access to educators to a range of resources developed by clinicians, researchers and academics at [RCSI Department of Psychiatry](#). Initially launched to address the increased mental health concerns of young people during the COVID-19 pandemic, the team at RCSI collaborated with groups across the education, arts and online sectors to develop the website and its content, which aims to positively influence the mental health and well-being of young people into the future.

Available on the website is content that is primarily aimed at educators but free to use by anyone who is interested in exploring issues affecting youth mental health. Included in the material are lesson plans, animations and video presentations that draw on the real experiences of young people in Ireland. Topics addressed include stress, anxiety, isolation, academic pressure and breakdown in support structures.

### ***Outline the 3 key benefits of integrating this theme:***

#### **1. Potential to promote mental health and reduce the incidence of mental ill-health in young people**

Emerging adulthood (age 12-25) is the peak period for the onset of mental disorders. Developing mental ill-health during this phase of the lifespan places young people at risk of enduring mental health difficulties (Kessler, Amminger et al. 2007), which are associated with premature mortality, educational, vocational and financial disadvantage, and a myriad of other personal, relational and social losses. Promotion, prevention and early intervention for young people who may be at risk of developing mental ill-health are recognised as global health imperatives (McGorry, Purcell et al. 2007, Malla, Iyer et al. 2016, McGorry and Nelson 2016, Killackey and Alvarez-Jimenez 2019).

Health promotion activities relating to mental health difficulties have been identified as one of the essential components of a meaningful response to the global mental health crisis (The Lancet Commission on Global Mental Health and Sustainable Development 2018). A review by Pretorius et al (2019) found that young people use online information and resources to facilitate personal coping responses or as a means to promote informal support seeking behaviours. In their review, Kauer et al

(2014) also found that an increase in mental health literacy was a facilitator of help-seeking among young people accessing information online.

Based on the above, we believe hypothesise that a proportion of people who access content on mentalhealtheducate.ie may or will take constructive action in relation to their own mental health or that of a young person in their life. Such action has the potential to enhance mental health, reduce risk for developing mental ill-health and reduce suicidality.

### **2. Recognising the role of digital platforms as a means of ensuring empirical evidence is free and accessible to all young people and those involved in their care and education**

As highlighted by both the Lancet Commission on Global Mental Health and Sustainable Development (Patel, Saxena et al. 2018) and the International Youth Mental Health Research Network (IYMHRN) (Mei, Fitzsimons et al. 2020), digital technologies and platforms are an essential part of the global response to the mental health crisis. Over 90% of Europeans aged 16-29 years use the internet on a daily basis (Eurostat 2017) and young people often use online platforms to access health and mental health information and advice (Atkinson, Saperstein et al. 2009, Wetterlin, Mar et al. 2014, Park and Kwon 2018, Dooley, O'Connor et al. 2019).

Furthermore, the mental health animations hosted on mentalhealtheducate.ie has been translated into Irish, the native language of a significant minority of people in Ireland. These are the only empirically-based animations on the topic of mental health that provide such content for native Irish speakers in Ireland and abroad.

Additionally, the pandemic was a driving force to develop the website to make the materials and resources on the site accessible to young people and educators who were at home. The aim was twofold: 1) to ensure young people had access to mental health related information and resources at a time when indications (since validated) were that the pandemic would have a deleterious impact on young people's mental health and 2) to offer easy-to-access web-based content for educators and students who were not learning in a classroom environment.

Mentalhealtheducate.ie demonstrates our recognition of the need, not only to translate our research into a range of knowledge translation media (videos, animations, factsheets and activities) and languages (English and Irish for some content) but to share those outputs on an accessible digital platform. In so doing, we have increased the potential to ensure our evidence-based content reaches all young people and those who care for them. It also provides evidence of a tangible and meaningful response to the issue of youth mental health during the pandemic.

### **3. Ensuring mental health educational material is grounded in empirical evidence and supported by reputable organisational collaborators**

There has been a proliferation of web-based content on mental health, much of which is not moderated or grounded in empirical evidence. Mentalhealtheducate.ie offers a reliable source of evidence-based content that is supported by a number of

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organisational youth and Arts-based collaborators such as SpunOut.ie and the Institute of Art, Design and Technology. In doing so, it ensures that young people, educators and others have access to safe, reliable and empirically-grounded evidence and resources.

### ***Barriers or challenges encountered in integrating this theme and how you overcame these:***

#### **1. Some content was developed during the COVID-19 pandemic**

Some of the content for mentalhealtheducate.ie was developed during the pandemic, meaning we did not have access to professional media services. This was particularly the case for the voice-over videos. We overcame this by prioritising access to the content above ensuring the highest quality videos, which would have meant waiting until the lockdowns had ended. We worked from home with available equipment and one of the team developed the website from home to ensure that we could populate the site and launch it during the pandemic, the time we believed people needed it most.

#### **2. Promoting the website at launch**

Finding the optimal way to promote the website was challenging. Again, this partly reflected the timing of the project during pandemic lockdowns. We struggled to connect with some education providers in Ireland to support the promotion of the site. However, we worked hard to engage with a central provider of educational content for teachers in Ireland, Scoilnet, who promoted widely on their website.

#### **3. Ongoing promotion of the site**

This remains a challenge and is something we are exploring. However, those involved in the site promote it during talks, which some members of the team give to parents and members of the public. We hope to develop further content for the site, which will support continued promotion of the site over time.

### ***Conclusions and recommendations to others:***

“One of the greatest challenges facing health promotion and disease prevention is translating research findings into evidence-based public health and clinical practices that are actively disseminated and widely adopted”.

Kerner et al. (2005)

Mentalhealtheducate.ie is an example of a tangible response to increasing calls for knowledge translation and dissemination for public health. Both the website and the content on the site demonstrate that research knowledge can be creatively and meaningfully translated into media that those who need it most can relate to and engage with.

The success of the project also reflects the value of cross-disciplinary collaboration. This particularly relates to the content hosted on the website and rich and exciting collaborations

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and involvement of PPI (via the research participants), the Arts (via working with the Institute of Art Design and Technology (IADT), and the online sector (via SpunOut.ie).

All of the content was developed at RCSI and would never have reached young people and those who care for them without the work to translate our findings into youth-focused content, to host that content accessibly online on a website that provides both academic and institutional credibility due to RCSI's reputation in the field of health research and education.

