

SSUNI Secondary Students'
Union of Northern Ireland



MENTAL HEALTH MATTERS:

SECONDARY SCHOOL MENTAL HEALTH REFORM IN NI

***A REPORT ON MENTAL HEALTH AND
EDUCATION IN THE COVID PANDEMIC***



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1. EXECUTIVE SUMMARY

This report aims to explore the experience of students across Northern Ireland during the Covid-19 pandemic in 2020. The analysis provides a snapshot of student experiences of mental health and provides policy considerations to influence change in mental health services for young people in education.

The data was collected by Secondary Students' Union of Northern Ireland (SSUNI) in November-December 2020 and 2,131 students across Northern Ireland took part in the study. The data was discussed within policy workshops facilitated by Pivotal, Northern Ireland's independent think tank. The resulting analysis and report was completed with support from Pivotal.

Our survey found that a large proportion of respondents (**76%**) experienced mental health problems. Inconsistent, and at times poor, communication from the Department of Education was found to increase distress for students. **85%** of respondents stated that the lack of clarity on future assessment procedures placed a strain on their mental health. The analysis found that whilst many young people were able to access support for their wellbeing within school, only **42%** of students felt comfortable using their school's counseling services.

SSUNI recommends that the wellbeing of students is central to decision making within education. Our survey found that support provided within wellbeing services is inconsistent across education settings. Too many young people are waiting too long for support, and some respondents are unhappy with the wellbeing services they received. Young people in distress are unlikely to reach their academic potential, thus, a failure to significantly improve mental health provision within education is likely to lead to poorer outcomes for those who are already vulnerable.

The report concludes with five key policy recommendations:

- 1** Co-ordinated and effective government working is required to address the mental health crisis in Northern Ireland;
- 2** Stakeholder involvement must be integral to policy decision-making within the Executive;
- 3** Policies to address lockdown learning and the emotional impact of the pandemic must be adequately resourced;
- 4** Mental health interventions must be focused on early intervention with teachers trained to support young people;
- 5** Access to high quality counselling services across Northern Ireland should be standard practice.

2.1 MENTAL HEALTH PROVISION IN NI

Mental health in Northern Ireland must be understood within the context of the history of conflict and the highest suicide rates in the United Kingdom. Mental health difficulties in Northern Ireland may be at least 25% higher than those in England with the number of male suicides per year twice as high as the numbers in England and Ireland (O’Neil et.al. 2019). The Troubles have clearly had a profound impact on mental health and it, is notable, more people have died in Northern Ireland by suicide within the ‘post conflict’ period than during the 30 years of violent political conflict.

Northern Ireland has the highest rate of Post-Traumatic Stress Disorder (PTSD) in the world—a phenomenon, known as ‘transgenerational trauma’, has been identified within the academic literature to indicate that trauma symptoms and behaviour may be passed down the family line. Therefore, young people, some of whom may be current secondary school students, who have not directly witnessed troubles related trauma, may continue to be affected by the conflict through the experience of their parents/carers, and the experience of their wider community.

Mental health provision does not currently reflect the level of need within Northern Ireland. Until recently, Northern Ireland was the only region of the United Kingdom that did not have a mental health strategy. The creation and appointment of the role an interim Mental Health Champion role to act as a public advocate for mental health and wellbeing, and as an advisor in mental health related public policy matters, (DoH 2020a) is a welcomed step towards creating meaningful change.



2.2 MENTAL HEALTH SERVICE PROVISION FOR YOUNG PEOPLE

Young people experience unique developmental challenges that can both enhance and challenge resilience, for example, peer and intimate relationships, establishing a more autonomous identity and huge questions about their personal and educational future.

There is consistent evidence to demonstrate that early intervention with children’s mental health problems leads to much better outcomes for the individual young person and wider society in terms of economic and social contributions. Despite the established evidence for early intervention, waiting lists in Northern Ireland are extremely long and many young people are unable to access support for their mental health difficulties (DHSSPS, 2016).

The availability of mental health services and treatments for young people vary greatly across Northern Ireland, with rural areas often experiencing limited service provision. Expenditure on mental health does not appear to reflect the level of need in Northern Ireland either, particularly in relation to young people. Approximately **7.8%** of Northern Ireland's mental health budget is allocated to Child and Adolescent Mental Health Services (CAMHS) which equates to **£19,574,861**. The Health and Social Care Board calculates that investment should be **10%** and hence there is an acknowledged funding gap of **£4.8 million**. These figures quoted by the Children's Commissioner in 2017 are likely to have increased due to inflation and increased need.

The collapse of the Northern Ireland Assembly is likely to have contributed to a lack of policy and strategic development of mental health services. Furthermore, the delay of appointing a Mental Health Champion and a failure to develop long-term healthcare transformation as outlined in Bengoa (2016) is likely to have further exacerbated positive developments to improve mental health care for young people in Northern Ireland.



**The CAMHS funding gap as acknowledged by the
Health and Social Care Board**

2.3 EDUCATION DURING THE PANDEMIC

The beginning of the pandemic in 2020 created global disruption which has had a particularly detrimental impact on young people's emotional wellbeing. The introduction of school closures and remote learning in March 2020 created significant uncertainty and distress for young people and their teachers. [UK](#) and global evidence indicates that the lockdown period may have created attainment gaps with pupils in low [socio-economic status \(SES\) households](#) more at-risk of educational disadvantage.

The emotional well-being, safety and educational recovery for children must be the cornerstone of policy making within education. The Department of Education (DE) initially **allocated £11.25 million** funding for the 'Engage Programme' to support the social and educational needs of children post-lockdown. The funding is not proportionate to the level of lockdown learning loss that some young people may have experienced. Furthermore, there is a history of under-investment in education in Northern Ireland relative to other high-income European countries on a per pupil basis.

The 'Engage' programme may have been used by some schools to provide additional wellbeing services for pupils. Counselling services in post-primary education settings are structured and resourced through the Independent Counseling Services for Schools (ICSS) policy (DfE 2020). Third sector organisations also provide independent counseling and wellbeing training across schools in Northern Ireland. However, access to counseling services varies greatly across Northern Ireland and schools provide an inconsistent range of referral, assessment and delivery methods. Some schools also appear to be much better resourced to provide counseling and wellbeing services than others.

Political focus and policy making within the Executive appears to have overlooked the importance of supporting student wellbeing during the pandemic. Wellbeing and positive mental health are a basic pre-requisite required before a student can reach their academic potential. Recently, much of the political debate and policy making has focused on assessment and transfer tests within primary schools. This may be a reflection of the prioritisation of attainment and achievement over wellbeing by the DE and the wider Executive.



2.4 MENTAL HEALTH IN SCHOOLS

School can offer a safe haven for social, emotional and educational development and are often a first point of contact for a young person to disclose mental health difficulties. Teachers play an important role in listening and responding to students concerns and it is important that staff feel equipped to discuss wellbeing issues that young people may raise. A recent study, by Barnardos in Northern Ireland, found that 91% of education professionals reported that the pandemic had impacted upon their ability to support pupils with their mental health (Barnardos, 2020). The study highlighted the need to prioritise students' mental health once they returned to school, however, some professionals (**18%**) did not feel confident in addressing these needs.

School closures in 2020 are likely to have created anxiety and distress for many students and disrupted staff and peer relationships. These difficulties may have been further amplified by the unclear format of assessments in Spring 2020. The sudden move to remote learning led to differing experiences in the provision and quality of online learning. During the subsequent school closures in winter 2020-21, it is positive to observe an increase in interactive, live teaching. However, this is not a consistent experience across Northern Ireland.

Changes to teaching and assessment combined with wider pandemic related challenges may have had a negative impact on young people's wellbeing. Communication from the Department of Education (DE) has been unclear and initial decisions about assessment in 2020 appeared to potentially disadvantage students from Northern Ireland compared to their UK peers. The uncertainties regarding GCSE and A-Level exams in 2020 and increased workload may have created unnecessary stress for pupils. Furthermore, many students experienced periods of isolation due to outbreaks of Covid-19 within school or at home. As a result, some young people may have missed a considerable degree of teaching whilst self-isolating.

In summary, young people are amongst those who are most likely to experience negative consequences both during, and after, the pandemic due to increases in mental health difficulties, educational inequalities created by lockdown and reduced employment and training opportunities.

The current study provides a snapshot of students' experiences of education, mental health difficulties and solutions to reform mental health provision within education.

Data was collected between 23.11.20 and 07.12.20 through an online survey advertised by SSUNI. The survey was promoted by local politicians and distributed via email to schools across Northern Ireland. The survey achieved 1000 responses in the first 24 hours of release, reflecting the widespread interest in young people participating in policy focused research. The analysis and report were completed in partnership between SSUNI and Pivotal.

Responses to SSUNI Mental Health Student Survey in first 24 hours

Total responses to SSUNI Mental Health Student Survey

3. SURVEY FINDINGS

The survey contained 15 questions exploring pupils' experience of mental health, counseling and solutions to the difficulties they have experienced accessing support within school. A total of 2,131 young people took part in the survey. The results are outlined below and organised in a thematic manner in four main categories.

3.1 EXPERIENCE OF MENTAL HEALTH DIFFICULTIES



Fig. 1 Source: SSUNI Student Mental Health Survey (Nov-Dec 2020)

Figure 1 demonstrates that **76%** of respondents in our survey reported experiences of mental health problems. Young people described examples of anxiety and depression within their responses. For example, one young person noted:

I have always been a very anxious person but since covid I have become [sic] very anxious and have had panic attacks and have not wanted to leave the house because of covid.

The analysis also found that approximately **45.9%** of students reported that self-isolating was detrimental to their mental health.

Despite the extremely high levels of mental health problems reported in this survey, it is concerning that only **34%** of students reported that their school had acknowledged, or attempted to address, mental health issues when they returned from lockdown in September 2020.

3.2 THE IMPACT OF ASSESSMENT ON MENTAL HEALTH DURING THE PANDEMIC

The survey explored young people's perceptions of some of the Department of Education's (DE) attempts to support young people during the pandemic.

Whilst attempts were made by DE to reduce assessed content, the reductions were based on disruption created in academic year 2019/20 and did not include reductions for the difficulties experienced in the academic year 2020/21.

Approximately **61%** of students reported that reduced content did not provide any reassurance about exam uncertainty at the time of surveying. The survey was carried out just after the initial announcement of the omission of Unit One in many GCSEs and that there would be no changes at A-Level. Furthermore, a large number of students noted that content for their subjects was reduced very little or not reduced at all and these reductions made little difference to overall exam-based anxiety.

During the period of data collection, decision making had taken place in England, Scotland and Wales regarding the procedures to assess students in the context of pandemic related school closures.



Fig. 2 The date of exam cancellation announcements across the UK

Figure 2 shows how Northern Ireland lagged significantly behind other regions when it came to decision making on assessment in 2021.

Communication from the Executive on the future of examinations was explored in the survey. The analysis found that the uncertainty regarding the future of examinations was very detrimental to students' wellbeing. Approximately **85%** of respondents reported that the lack of clarity on future assessment procedures placed a strain on their mental health. One young person reflected:

“ Yes definitely! I think what is the most annoying is that [Northern Ireland] is always the last to make decisions and we are expected to deal with it. I think the leaders forget that it is our future and we need good qualifications. ”

3.3 PROVISION OF MENTAL HEALTH SERVICES WITHIN EDUCATION



Fig. 3 How students who accessed counselling rated the service on a 10 point scale from 1/10 (very poor) to 10/10 (very good). Number of students /2131 shown

Education may be the first point of contact in which a young person feels safe enough to disclose distress and seek help. Therefore, it is vital that educational settings and staff are adequately supported and resourced to provide young people with the help they need. **81%** of students reported that their school provided some form of mental health support service or strategies, however, a concerningly low amount (**42%**) of students reported that they would feel safe and comfortable using their school's counseling services.

Students' views on the accessibility of wellbeing services was mixed. Issues were raised about limited availability of counsellors and confusion about how to access mental health provision. Whilst some students felt that their school's counseling service was at least adequate, if not very accessible and discreet, others responded that their school's counseling services were neither accessible nor discreet.

One student's comments clearly articulate this issue:

It is accessible in the sense that it is available if you go looking for it, but the help isn't offered to you as teachers don't notice or acknowledge that you are struggling. The referral path isn't very discreet because you are being called out of class roughly the same time on the same day every week and saying that you have to go to reception, when you are actually going to a counselling session.

Those who used school-based counseling services, demonstrated low levels of satisfaction with **35%** of students rating their experience as 'beneficial', whilst **52%** of students rated their experience as poor. Notably, **20%** of respondents to this question rated their experience of counselling services as 'very poor'.

3.4 MENTAL HEALTH AND THE WIDER SCHOOL SYSTEM

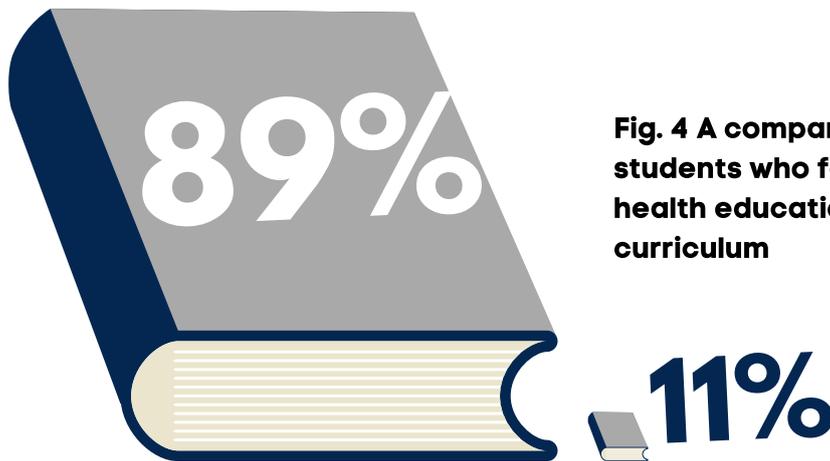


Fig. 4 A comparison of the percentage of students who felt/did not feel more mental health education should be added to the curriculum

A significant majority of students (**89%**) reported that mental health-related education should be added to the curriculum. Students reflected that inclusion of emotional wellbeing support within the curriculum needed to be carefully planned and implemented. One student commented;

“The current mental health work is forgettable, and I can guarantee has made no impact on any student's mental health.”

Students consistently identified the important role that school has in identifying and supporting young people with mental health problems, in addition to providing broad education to enhance resilience. It was concerning to note that **8%** of students reported that their schools had created very little or no awareness around mental health.

74% of students reported that teachers should receive mental health training to respond, support and recognise signs of poor mental health. This finding is consistent with wider research on the role of teacher training and mental health first aid (Barnardos, 2020). However, the analysis demonstrated that students were realistic about the limitations of teachers' roles and the boundaries between the student-teacher relationship:

“They [teachers] should be able to refer pupils to a specialist because they may not have the time to completely invest in the pupils health as they have classes to teach. Some may also not feel comfortable going to a teacher for help and therefore it is essential that there is someone for people to go to who is easy to contact.”

4. POLICY RECOMMENDATIONS

Education is a key factor in social and emotional development in a young person's life. The pandemic has had a significant impact on educational delivery across the UK, with young people in Northern Ireland experiencing a three-month break in formal education in March 2020 and further school closures at the start of 2021 for another three months, from the Christmas break until March 2021 at the earliest. Underperformance, by GCSE and A Level students from disadvantaged backgrounds, may increase the likelihood of poor economic success and decrease opportunities to attend highly selective universities. The lack of opportunities post-education for 'Generation Covid' is concerning; this group of young people face record levels of unemployment, reduced graduate recruitment, global recession and decreased opportunities for social mobility.

The pandemic may provide the Executive with an opportunity to re-think the 'status quo' of Mental Health service delivery through education and develop young person focused policies to create meaningful change.

4.1 CO-ORDINATED AND EFFECTIVE GOVERNMENT WORKING IS REQUIRED TO ADDRESS THE MENTAL HEALTH CRISIS IN NORTHERN IRELAND

Young people consistently raised concerns about the manner in which the DE communicated decision making to both teachers and students. Young people did not feel included in decision making and were not meaningfully consulted about their education.

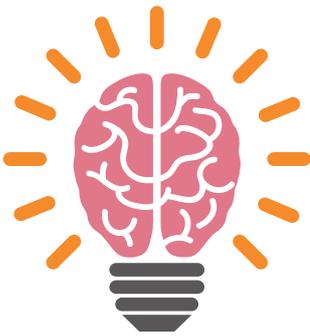


The analysis highlighted the importance of taking a 'Mental Health in all Policies' Approach (EU, 2017). Consideration about mental wellbeing, particularly that of young people, should be cross-cutting across the Government's respective departments and working groups. This is particularly important when considering the impact of decision making on young people's wellbeing. This approach should be carefully considered and embraced by both the DE and the DoH, who have consulted and worked together throughout the pandemic.

4.2 STAKEHOLDER INVOLVEMENT MUST BE INTEGRAL TO POLICY DECISION-MAKING WITHIN THE EXECUTIVE

Participation and engagement with young people is fundamental to change. Young people in the sample consistently raised concerns about decision making in the Department of Education (DE) and the wider Northern Ireland Executive. The SSUNI was originally founded to address the lack of consultation and bridge the gap between elected leaders and young people in Northern Ireland. It is concerning to note that young people within the survey felt that decision making did not meaningfully involve key stakeholders, for example, young people, parents and teachers. Participants in the study consistently noted that poor messaging from the DE increased anxiety amongst students.

The research group reported that announcements from the Executive at times have been confused, delayed and contradictory. Young people did not wish to read about announcements from Executive ministers on Twitter before their teachers had time to understand changes to assessments/procedures. This was felt to be anxiety provoking and confusing.



- **Young people's voices and experiences must be heard and meaningfully included in important decisions about their education and wellbeing;**
- **Co-ordinated communication through appropriate channels is required to avoid exacerbating distress amongst young people;**
- **Announcements about education should be clearly communicated and timely to avoid confusing staff and students.**

4.3 POLICIES TO ADDRESS LOCKDOWN LEARNING AND THE EMOTIONAL IMPACT OF THE PANDEMIC MUST BE ADEQUATELY RESOURCED

The Executive's attempts to 'level-up' lockdown learning loss and address emotional wellbeing issues as a result of the pandemic have been quite limited. The 'Engage Programme' does not appear to have the adequate financial backing to provide the dual functioning of 'levelling up' educational achievement and emotional wellbeing. Furthermore, some of the structure of the programme (e.g. 1-2-1 support) is difficult to deliver within secondary school students' existing programme of study.

- **A strategic approach to educational recovery is required for students who have been most adversely affected by the pandemic;**
- **Robust policies must include funding to provide 1-2-1 tuition, small group learning programmes and emotional support intervention to those most in need.**



4.4 MENTAL HEALTH SUPPORT MUST BE FOCUSED ON EARLY INTERVENTION

The survey highlighted that schools have a significant role in supporting and developing young people's wellbeing and resilience. However, it is widely agreed among mental health professionals, as well as teachers, that schools are not adequately equipped or resourced to support pupil's mental health difficulties.

Schools can provide a safe place for young people to thrive emotionally and academically. A change in school ethos may be required to place greater emphasis on wellbeing as a precursor to learning. Young people learn best when they feel safe and secure. A failure to see the 'whole picture' of a young person's life, may contribute to poor educational attainment.

The survey highlights the importance of placing equal emphasis on the measurement and improvement of wellbeing in education as well as educational attainment. Our findings are consistent with previous studies based in Northern Ireland (e.g. Barnados, 2020) which highlight the importance of addressing wellbeing within the school setting. The Government need to take a 'proactive rather than reactive' stance to mental health. Young people demonstrated significant insight into solutions to address emotional distress within education, recognising that early intervention would likely lead to a reduction in long-term mental health problems. The analysis led to clear policy recommendations in this area.



4.4.1 TEACHER TRAINING

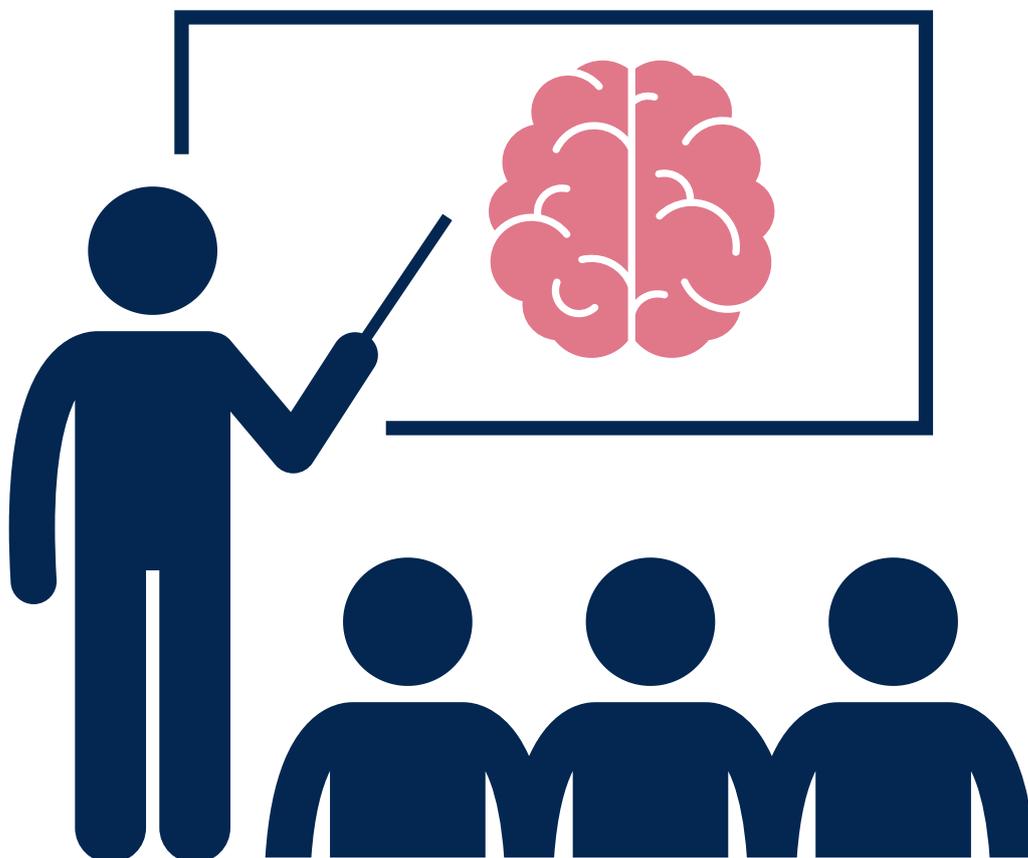
Teacher Training across Northern Ireland should incorporate some degree of robust and user-friendly mental health training to enable newly qualified teachers to identify and support those with emotional difficulties. This training would enable teachers to provide intervention by being able to recognise the signs of a student who is suffering, and be able to react to the situation in a way that is not triggering or harmful to the individual. Introducing this training, while they are still student teachers, would amplify the efficacy as it would create a generation of teachers less prone to the stigma of mental health issues in schools. Training may also enable teachers to proactively refer young people to the correct counselling/mental health services.

4.4.2 ONGOING TEACHER PROFESSIONAL LEARNING (TPL)

Teachers should be encouraged to update their understanding of mental health issues throughout their careers and receive regular TPL on this issue. This would promote a wider understanding of the impact of mental health on learning and promote a culture that equally prioritises wellbeing and attainment in schools.

Ongoing TPL within mental health should be prioritised and perhaps aligned with annual 'safeguarding' training, reflecting the equal importance of both issues. Many teachers may have little/no experience or knowledge about mental health and wellbeing-related issues, and therefore incorporating this into regular ongoing TPL will actively facilitate teachers who are not, either professionally or personally, aware of different mental health conditions, and, how to not only deal with, but support these, within a classroom environment.

This recommendation is consistent with previous recommendations made about mental health in Northern Ireland. SSUNI welcomes the Children's Commissioner 2018 recommendation that schools should be inspected by Education Training Inspectorate (ETI) on their ability to 'develop the conditions required to nurture young people's wellbeing' (NICCY, 2018). It is particularly important to note that school staff receive annual 'refresher' safeguarding training. Safeguarding issues are estimated to impact 1 in 10 of our young people while Mental Health issues impact 1 in 4.



4.5 ACCESS TO HIGH QUALITY COUNSELLING SERVICES ACROSS NORTHERN IRELAND SHOULD BE STANDARD PRACTICE

Counselling should occur as a tiered response to mental health difficulties within schools. This should be placed within the context of an education setting that provides equal emphasis on wellbeing as attainment, and with education staff that feel equipped to have supportive conversations with their pupils about mental health. There was a consistent theme of difficulties in accessing good quality counselling within schools: issues such as limited appointment times, poor availability and limited choice. Overall, satisfaction amongst those who had accessed counselling was poor, with 20% of respondents to this question describing their experience as 'very poor'.

Respondents indicated wide variation in the quality of counselling they received, referral processes to counselling and waiting times for support. The analysis highlights the importance of consistent access to high quality counselling services across Northern Ireland, including rural areas where some students felt under resourced.

The current Education Authority provision of one counsellor per school, half a day per week is no longer sufficient to meet the needs of students. This is best evidenced by schools in Northern Ireland who currently pay outside sources to provide counselling to meet the needs of students which has a wider impact on other school budgets. This should be expanded to at least a full day.

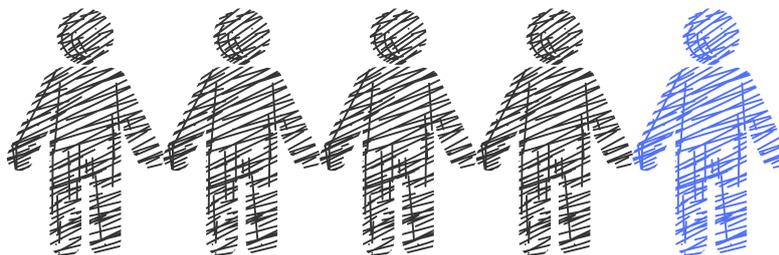


Fig. 5 20% of students who had experienced counseling in school rated it 1/10 (very poor)

4.5.1 REFERRAL AND DELIVERY METHODS

Young people should have multiple options to access school-based counselling services, for example, self-referral alongside teacher-based referral. The referral process should be discreet (e.g. via email) and without requiring the consent of a teacher. Whilst the young person may find it helpful to share their decision to attend counselling with teachers and/or parents, young people also have the right to attend confidentially. Attendance at counselling should be discrete and timetabled in a manner that does not lead the student to feel scrutinised for leaving the classroom.

4.5.2 ENHANCED CHOICE

Young people wanted more choice when accessing counselling services and it was important to have autonomy over the form of therapy offered and the counsellor who provided this (e.g. based on gender).

5. CONCLUSION: STEPS FORWARD

This report has set out the current situation of Secondary Students in Northern Ireland with regard to Mental Health and the provision of services to support young people. Many factors, throughout the pandemic, have played a part in creating the situation we, as a society, currently find ourselves in with regard to youth mental health. Some notably are:

- At times, poor communication from the Executive on decisions (such as school closures) which majorly impact the lives of our young people;
- Uncertainty created by delayed decision making from the Executive on issues like examinations has detrimentally impacted Mental Health;
- Young people feel that decisions which majorly impact their lives and mental health are made without their involvement, consultation or consent;
- Young people are falling through the cracks and in many cases not receiving the mental health support they need due to a fear of self referral;
- A lack of uniformity and EA guidance on how counselling services should be provided in schools has led to both an inaccessibility of, and dissatisfaction with, services;
- Waiting lists for in school counsellors have grown significantly to the detriment of vulnerable pupils;
- Further financial investment in CAMHS is needed to plug the funding gap to decrease waiting lists for services for students.

This report identifies key actions to improve the student mental health situation:

1

Decisions must be communicated to young people in an appropriate manner. Announcements that are majorly impactful to young people's futures should not be learned about via journalists on Twitter before their teachers have official details and a meaningful understanding of the impact of these decisions;

2

The NI Executive must make youth and education policy in a timely manner that does not have young people in NI feeling that they are the 'last to know' in the UK and lagging behind students in GB;

3

Young people must not only be actively consulted on decisions which impact them, but they must feel both heard and listened to. The creation of a Youth Assembly is a step in the right direction. Young people must feel represented through organisations like SSUNI speaking on their behalf and being given due consideration;

4

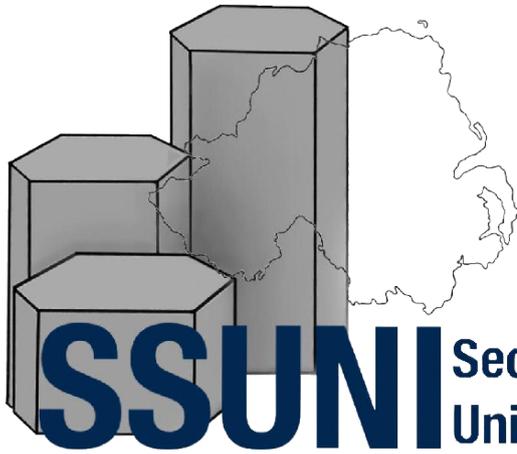
Every BEd and PGCE programme in NI should feature modules on mental health/emotional support for students, This should enable trainee teachers to spot the signs of an emotionally vulnerable student, provide support in the first instance and refer them for professional help. The onus should not be on students to self refer. Refresher training should be delivered in line with annual safeguarding TPL;

5

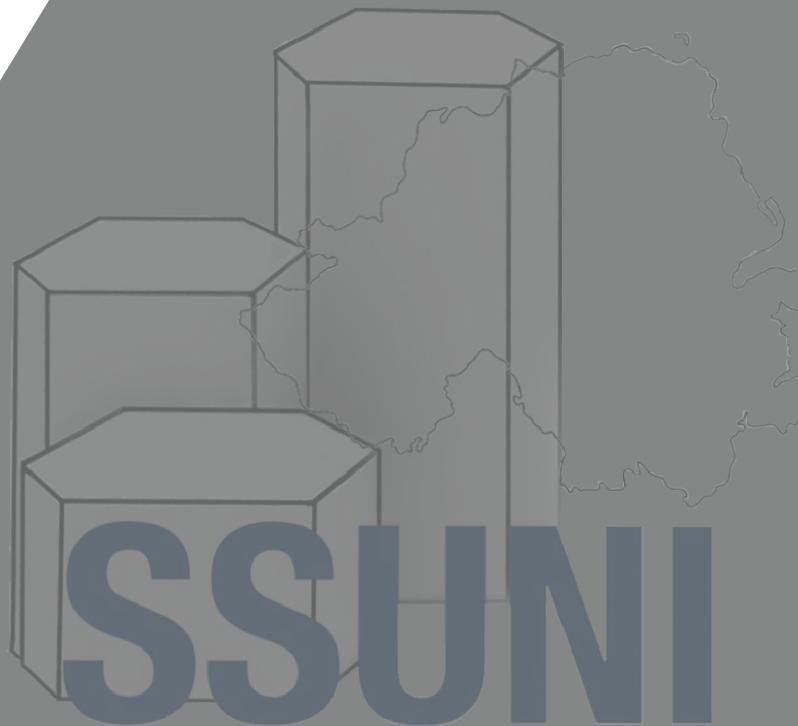
The Education Authority should produce clear guidance for schools on the promotion and managing of their counselling service. This guidance should be created in conjunction with students;

6

The current EA provision of one counsellor per school, half a day a week should be at least doubled. It is not currently meeting students' needs.



**Secondary Students'
Union of Northern Ireland**



SSUNI