



Buddy Bench™ Ireland Background Information 2020

1. Program Content
2. Mental Health Statistics, Related Problems & Consequences, Opportunities & Solutions
3. Reasoning for Targeting Schools
4. How Buddy Bench aligns with the Social Personal and Health Education Curriculum
5. How Buddy Bench aligns with the National Youth Mental Health Task Force Report 2017
6. Evaluation of Buddy Bench Program by Maynooth University (Highlights)

Program Content 2020

- Each program comprises of a physical Buddy Bench™, made by the local men's Shed and then installed in the school playground;
- Each online program takes eight weeks to complete. One lesson, per week with a different topic each week. All downloadable resources will relate to the weeks topic.
- The duration of the program is one hour per week.
- The program has a very clear defined learning pathway.
- Due to COVID-19, all sessions are available via our website, with downloadable resources and supports.
- Flexible schedule for individual sessions, learn as you go.
- Each child will receive a Buddy Bench™ certificate when lessons are completed.
- We provide our programs to children aged 4-12 worldwide.

The Buddy Bench™ concept is a universal early intervention that seeks to promote a culture of self-expression, listening, tolerance, resilience, and mutual support, in effect validating and mainstreaming within a school how children – we have discovered – already relate to each other, or aspire to relate to each other.

The values we cultivate with the Buddy Bench™ Kindness programs include creativity, mindfulness and communication as core competencies that support each child to build personal resilience.

Our program is oriented around:

Feelings and Emotion – the value that each person brings through their own uniqueness;

Listening – the social value of self-expression, empathy, and mutual understanding.

Free Thinking – encouraging the child to think for themselves.

The Bench acts as a space where children work out together how to support and accept themselves and each other. The Workshop plants the seeds of communication skills that enable the children to continue to grow in mental and emotional wellness.



Mental Health Statistics, Related Problems & Consequences, Opportunities & Solutions

Problem Evidence

"one in 6 young people aged 11-13 were experiencing mental disorder at the time they took part in two RCSI studies" (2013)

<http://www.rcsi.ie/index.jsp?n=110&a=4048>

"between 2005 and 2012 there was a 54 per cent increase in the number of young people prescribed [anti-depressants] in the UK."(WHO, 2016)

<http://www.independent.co.uk/life-style/health-and-families/health-news/number-of-children-prescribed-anti-depressants-increases-by-50-in-seven-years-a6920576.html>

Successful learning environments ensure that learners have the opportunity to reach their potential and prepare learners to play a key role as active and responsible citizens.

Action Plan for Education 2017

<https://www.education.ie/en/Publications/Corporate-Reports/Strategy-Statement/Action-Plan-for-Education-2017.pdf>

Schools are not just places where students acquire academic skills; they also help students become more resilient in the face of adversity, feel more connected with the people around them, and aim higher in their aspirations for their future.

<http://www.oecd.org/newsroom/most-teenagers-happy-with-their-lives-but-schoolwork-anxiety-and-bullying-an-issue.htm>

Teenagers who feel part of a school community and enjoy good relations with their parents and teachers are more likely to perform better academically and be happier with their lives, according to the first OECD PISA assessment of students' well-being. www.oecd.org/pisa

Research has shown that anxiety is the most common form of psychological disorder, affecting up to 20% of children and teenagers.

"high levels of stress and anxiety among 11- to 15-year-olds, especially related to school." (WHO, 2016)

According to Irish Primary Principals Network president Maria Doyle: "We have children as young as junior and senior infants displaying significant symptoms of depression. We have children in primary schools speaking about suicide, we have them self-harming. Now this would not have been the case 10, 15 years ago, but it is currently becoming a problem at primary level." (Irish Examiner)

<http://www.irishexaminer.com/breakingnews/ireland/primary-school-children-are-now-self-harming-principals-group-warns-717992.html>

Problem Consequences

If left unattended, anxiety significantly interferes with a child's development and can cause serious problems in later life, such as social isolation, underachievement, depression and, unfortunately, even suicide. For young children, constant worry about relatively normal, everyday activities (for example: school camps, playing with friends or completing homework) as well as worry about external events over which the child has no control (such as natural disasters and international conflicts) can significantly detract from a child's learning. Such disproportionate responses can also become the learnt behaviour of a child's peers or siblings, multiplying the negative effects.

Problem Consequences – Evidence

"young people who experience mental ill-health during adolescence have higher rates of mental disorders and substance misuse during their young adult years and are three times more likely to be unemployed than young adults who did not experience mental ill-health during their adolescence" (RCSI, 2013)
<http://www.rcsi.ie/index.jsp?n=110&a=4048>

"Statistics, released by the Department for Education (UK) in response to a Parliamentary Question, revealed 30 children aged four or under were expelled [for violent behaviour] in the academic year from September 2013, while a further 70 were suspended for a fixed period." (Daily Mail)

Problem Opportunity

"2.1 "A series of sustained and evidence-based awareness campaigns should be developed, specifically targeted at children and young people, to improve

mental health, emotional literacy, build resilience, and aid the development of coping mechanisms

“2.2 “Sustained, quality-assured and evidenced-based training programs should be funded to provide support to individuals in the public, voluntary and community sectors who have contact with young people so that those trained might be in a better position to promote positive mental health.”

(National Youth Mental Health Task Force Report 2017)
<http://health.gov.ie/wp-content/uploads/2017/12/YMHTF-Final-Report.pdf>

Solution

Buddy Bench™ Kindness program is a school-based positive mental health program that promotes, kindness and emotional resilience. The program releases the stigma of asking for help, celebrates children who act with kindness, compassion, and empathy, and encourages the development of conflict-management skills, thus relieving anxiety, stress and feelings of isolation.

The Buddy Bench™, placed in the school yard, can be used for children when they are new to the school, want to make new friends, their friends are not there on a particular day, they want to play something different from what their friends are playing, or they're having a problem with their friends and just can't solve it right now.

Despite the good intentions behind Buddy Benches, many fall short of actually helping children because the supporting culture is not in place.

While the Buddy or 'Friendship' Bench is not a new idea, the use of the colourful bench as both visual tool and entry point for our unique programs is innovative.

Reasoning for Targeting Schools

There is a large body of evidence (which is accepted at the highest levels of policy and funding) that the school should be at the centre of wellbeing education:

“early intervention and prevention are critical in order to prevent a negative downward spiral of poor mental health and well-being into adolescence and adulthood” (Costello, E. J., Egger, H. L., & Angold, A. (2004). The Developmental Epidemiology of Anxiety Disorders. In T. H. Ollendick & J. S.

March (Ed.), Phobic and anxiety disorders in children and adolescents: A clinician's guide to effective psychosocial and pharmacological interventions (pp. 61). New York, NY: Oxford University Press)

“Schools are increasingly considered to be important settings for mental health promotion and intervention” (Merikangas, K. R., Nakamura, E. F., & Kessler, R. C. (2009). Epidemiology of mental disorders in children and adolescents. Dialogues in clinical neuroscience, 11(1), 7-20)

“Schools not only provide formal education, but are also places that foster personal

development and well-being” (Zenner, C., Herrnleben-Kurz, S., & Walach, H. (2014).

Mindfulness-based interventions in schools—a systematic review and meta-analysis.

Frontiers in psychology, 5(603), 1-20)

But

“The biggest challenges to implementing mental health promotion programs in schools are: funding, timetabling, program fidelity and achieving full participation from all stakeholders”

(Spotlight. Well-Being: promoting mental health in schools. (2012) Oireachtas Library and Research Service)

We deliver our online program to primary school children for these reasons:

- the school provides an easy route to market
- the evidence promotes school-based interventions for mental wellness
- parents experience anxiety about their younger children’s socialisation, integration and coping skills at primary school, where they are outside parents influence, and actively seek out solutions that mitigate this anxiety.

Our focus is on resourcing children before they develop a problem, giving them tools to cope with everyday personal and interpersonal problems. Crucially, Buddy Bench™ is not about identifying problem children, or children with problems; it’s about facilitating a peer-to-peer child-led culture of easy and low key talking, listening and accepting each other.

How Buddy Bench aligns with the Social Personal and Health Education Curriculum

Context

Health is defined by the Dept of Health as: everyone achieving his or her potential to enjoy complete physical, mental and social wellbeing (Healthy Ireland, 2013).

Positive mental health for children is part of their overall health and is inextricably linked with well-being. It is usually conceptualised as encompassing aspects of emotional (affect/feeling), psychological (positive functioning), social (relations with others in society), physical (physical health) and spiritual (sense of meaning and purpose in life) well-being (Barry and Friedli, 2008).

For the purpose of these guidelines and in the context of school systems, **well-being** may be defined as:

- the presence of a culture, ethos and environment which promotes **dynamic, optimal development and flourishing for all in the school community**. It encompasses the domains of relationship, meaning, emotion, motivation, purpose, and achievement. It includes quality teaching and learning for the development of all elements related to healthy living whether cultural, academic, social, emotional, physical or technological with particular focus on **resilience and coping**.

Mental Health is:

A state of well-being in which the individual realises his or own abilities, can cope with the normal stresses of life, can work productively and fruitfully and is able to make a contribution to his or her own community. (WHO, 2001, p.1)

7 Core Competencies

The Mental Health Foundation (2002) suggests 7 Core Competencies possessed by children who are mentally healthy. They:

develop psychologically, emotionally, socially, intellectually, spiritually
initiate, develop and sustain mutually satisfying interpersonal relationships
use and enjoy solitude
become aware of others and empathise with them
play and learn
develop a sense of right and wrong
resolve (face) problems & setbacks satisfactorily and learn from them
(Alexander, 2002)

15 Protective Factors

Protective factors build and enhance resilience in children (Cooper, Jacobs, 2011). The Department of Health and the HSE have identified 15 Protective Factors that protect positive mental health, enhance the capacity to cope and reduce the likelihood that a mental health problem or disorder will develop (DES, HSE, DOH, 2013).

Positive relationships with peers and teachers
Positive mental health of school personnel
Participation in school and community activities
Opportunities for skills development and achievement
Recognition of contribution, effort and achievement
Sense of security
A positive school climate
A sense of belonging and connectedness to schools

Evaluation of Buddy Bench Program by Maynooth University

Excerpts from

A pilot evaluation of the Buddy Bench™ program by Penny Quinn and Sinéad McGilloway (2018),

Centre for Mental Health and Community Research, Maynooth University
Department of Psychology

CHILDREN:

almost 96% of children responded positively to having a Buddy Bench™ in their school. Over 90% of the children felt that **there should be a Buddy Bench in every school**. Over two-thirds used the word 'happy' to describe how they felt about having a Buddy Bench™ in their school.

Almost all of the children reported having 'liked learning' about the Buddy Bench™.

WHAT CHILDREN SAID, IN THEIR OWN WORDS:

"Can you name one difference that the Buddy Bench has made to you?"

"Helped me make friends."

"It has made the school better."

"It made me feel more included."

"Yes, I if I was sad, I would sit on it."

"I know there is a place I can go when I feel sad."

(2) "Can you name one difference that the Buddy Bench has made to your friends?"

"Now we have it, I can go over and help."

"It made my friends a lot happier."

"They can sit down on the Buddy Bench and I could go over to them." "They have a place to go now when they feel sad."

(3) Can you name one difference that the Buddy Bench has made to your school?"

"Everyone will have a buddy."

"Children are happier."

"We are all kinder."

“I think the school is very happy.”

“It made our school the best.”

“Everyone is playing together.”

Can you tell us something you learned about feelings in the workshop?

“That it is ok to be sad.”

“Everyone has different feelings at different times.”

“Always care about people.”

“You can tell how someone feels by their body language.”

“That everyone needs time to think.”

TEACHERS

Five out of 5 teachers described the program as covering ‘some’ or ‘a lot of the SPHE curriculum’.

Four out of five teachers said that they would be ‘very likely’ to recommend the program to other schools.

PARENTS

The program itself was described as something that ‘*gets people talking*’

... parents expressed the desire to see the program as something that would continue to be delivered in their child’s school into the future.

... the program should become a ‘new culture’ in the school

... This, they believe will result in the Buddy Bench™ becoming more readily accepted and becoming the ‘cultural norm’ in the school.