



# County Roscommon

Planet Youth Report

**2025**



# Contents

<b>1</b>	<b>Executive Summary</b>	<b>page</b>	<b>2</b>
<b>2</b>	<b>Introduction</b>	<b>page</b>	<b>9</b>
	Planet Youth	page	9
	Five Principles of the Icelandic Model	page	9
	Planet Youth Area Reports	page	10
	Additional Reports	page	10
<b>3</b>	<b>Survey</b>	<b>page</b>	<b>11</b>
	Survey Instruments	page	11
	Survey Methodology	page	11
	How To Interpret the Cross-Tabulations	page	12
<b>4</b>	<b>Survey Results</b>	<b>page</b>	<b>13</b>
	Number of Participants	page	13
	Trends	page	14
	Substance Use	page	18
	Home Life and Peer Group	page	23
	Leisure Time	page	27
	Screen Use and Online Behaviour	page	31
	Wellbeing Indicators	page	34
	Sexual Health and Behaviour	page	38
	Gender Differences	page	41
<b>5</b>	<b>Conclusion</b>	<b>page</b>	<b>45</b>
<b>6</b>	<b>Key Messages</b>	<b>page</b>	<b>47</b>
<b>7</b>	<b>Recommendations</b>	<b>page</b>	<b>49</b>
<b>8</b>	<b>Acknowledgements</b>	<b>page</b>	<b>50</b>

# 1

## Executive Summary

Planet Youth is the local adaptation and implementation, in Roscommon, Galway, and Mayo, of the Icelandic Prevention Model (IPM). The IPM is an evidence-based primary prevention model, developed by researchers, community workers and policy makers in Iceland.

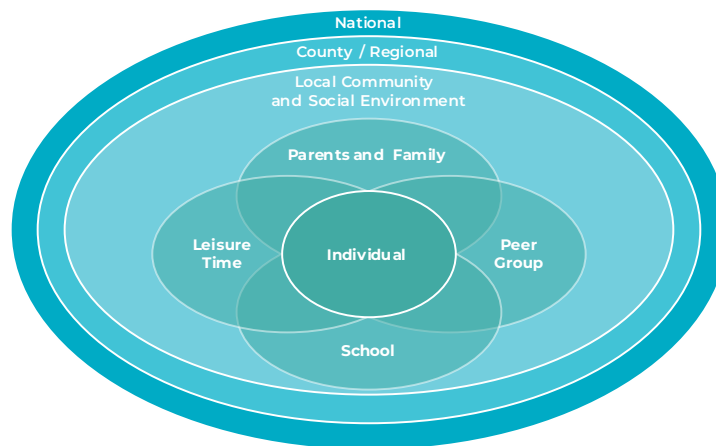
The model's whole population approach offers an opportunity to improve health outcomes for young people in many areas of their lives. It works by isolating and directly targeting the risk and protective factors that determine their substance use behaviours and enhancing the social environment they are growing up in. By developing targeted interventions that seek to reduce the identified risk factors, and strengthen the identified protective factors, the problems associated with adolescent substance use can be reduced or prevented before they arise. Other health and life outcomes can be improved using the same preventative approach and utilising the Planet Youth data.

### Data

The model relies on the data derived from biennial cross-sectional surveys that are conducted using the Planet Youth survey instrument. This comprehensive lifestyle questionnaire is administered to the 15 and 16 year olds in all schools in each participating community. There are questions on their substance use, physical health, mental health, physical activity, family and school experience, internet use, bullying and many other categories. There are 80 primary questions in the current Planet Youth questionnaire, with 388 sub-questions. There is a total of 1,691 variables, all of which can be examined and cross-tabulated.

### Risk And Protective Factors

The survey results provide the information for planning, selecting key factors requiring attention, designing suitable interventions, and tracking trends and changes in young people's behaviours and wellbeing over time. The main risk and protective factors lie within the domains of intervention outlined in the diagram below.



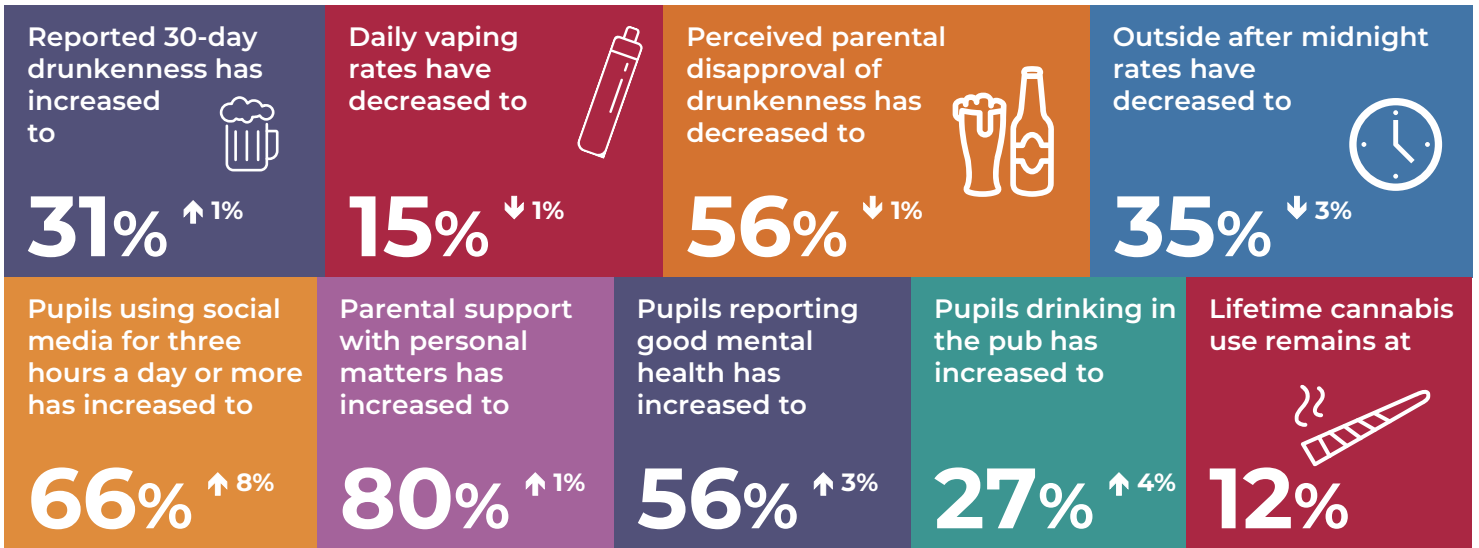
DOMAINS OF INTERVENTION

### Survey

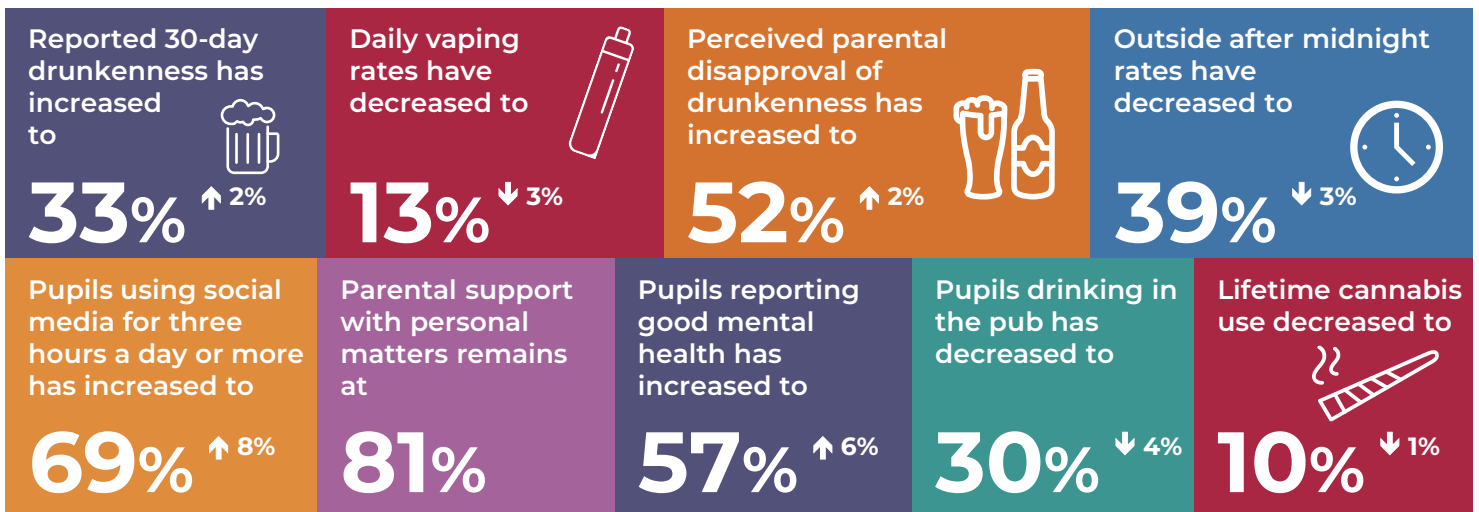
In November 2024 all the pupils in County Roscommon that had returned to school after completing their Junior Certificate were invited to complete the Planet Youth questionnaire. This report summarises the findings from this fourth Planet Youth survey and is based upon the 659 15 and 16 year-olds attending the 9 post-primary schools and 2 Youthreach centres in County Roscommon.

## Key Findings

### Regional Trends



### County Roscommon Trends

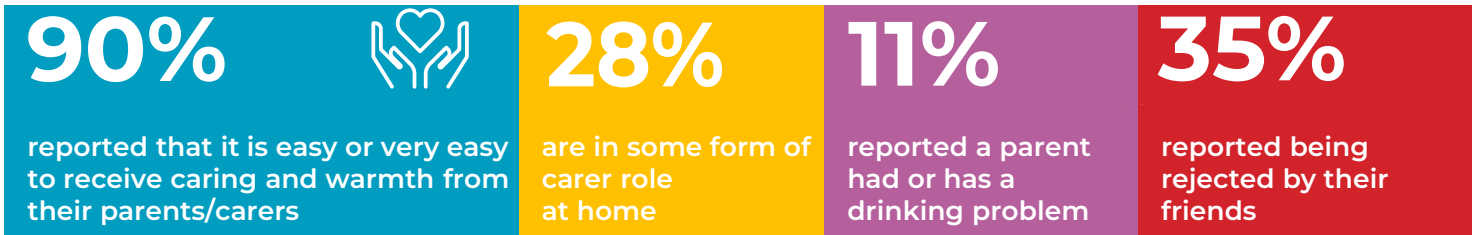


### Substance Use



## Key Findings

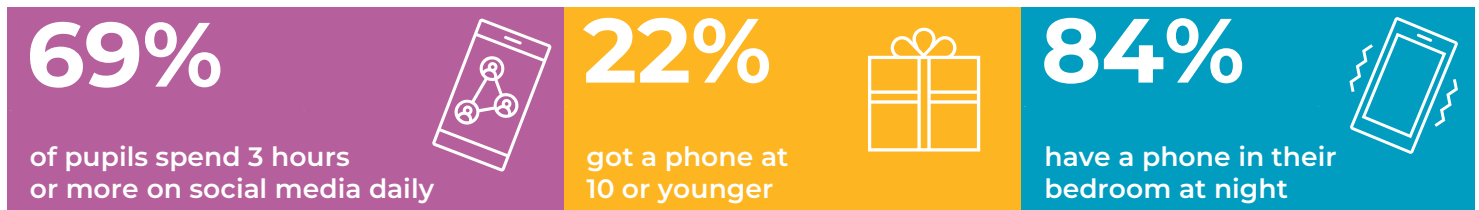
### Home Life and Peer Group



### Leisure Time



### Screen Use and Online



### Wellbeing Indicators



### Sexual Health and Behaviour



### Gender Differences



## Key Messages

### Substance Use

- Parental tolerance of teenage drunkenness has shown a notable change over the period of the four Planet Youth surveys. Wherever parental tolerance is high, the teenagers are drinking more, both at home and in the pub. Teenagers whose parents are more tolerant of drunkenness are four times more likely to get drunk.
- One of the most common places for teenagers to get drunk is at a friend's house, often enabled by a parent or carer. Use of alcohol at a young age can impair brain development and will increase the likelihood of developing a dependency later in life. Those in parental roles can make a significant difference to the long-term health and wellbeing of our children by agreeing not to supply alcohol to teenagers in our homes.
- The daily use of vaping products is at high levels and nicotine pouch use has become a concern also. Nicotine is a substance that is highly addictive, and these products are not suitable for teenagers.

### Home Life and Peer Group

- Parental engagement is a protective factor for substance use behaviour. Those pupils that report higher rates of parental supervision are less likely to engage in substance use behaviour.
- Having shared interests, regular family mealtimes, and family activities creates enjoyable time and space to chat with and listen to our teenagers. As they get older, it is important to maintain good quality parental support by communicating with them and staying connected, interested and engaged in what's happening in their lives.
- Keep an open dialogue with your teenager about peer relationships. Those who reported being rejected by friends are three times more likely to report poor mental health.

### Leisure Time

- Unsupervised leisure time correlates with higher levels of substance use. Teenagers that report hanging out in the streets regularly are nine times more likely to use cannabis and teens that spend unsupervised time at a friend's home are five times more likely to get drunk.
- Being outside after midnight is also a risk factor for substance use behaviour. Teenagers that report being outside after midnight in the last week are two and a half times as likely to get drunk.
- It is important that teenagers have access to a range of quality supervised, structured activities as they get older. Participation in supervised activities is a protective factor for substance use and promotes physical and mental wellbeing.

## Screen Use and Online Behaviour

- Each of the four surveys since 2018 has shown a substantial increase in time spent on social media. Teenagers that are spending excessive time on social media have lower self-esteem scores, wellbeing scores and school engagement scores. Screen use should be kept to a maximum of 2 hours per day, and after homework and other activities are completed.
- The survey highlighted that in the region, 80% of our teenagers have a phone in their bedroom at night. Screens should be off at least one hour before bedtime and kept out of bedrooms at night.

## Wellbeing Indicators

- Over half of our teenagers report sleeping for seven hours or less every night. Lack of sleep can be correlated with poorer mental and physical health, poorer self-esteem and lower school engagement scores. Undisturbed sleep is critical and between 8 and 10 hours is recommended.
- Wellbeing and mental health are closely related to physical activity. Teenagers that never do any physical activity are twice as likely to report poor mental health, when compared to teens that do 60 mins of physical activity once a week or more.

## Sexual Health and Behaviour

- Across the region, 18% of teenagers reported viewing pornography at 12 years of age or younger. Those with early exposure to pornography are more likely to engage in sexual activity and to engage in sexting behaviour.
- Pornography use is also associated with unsafe sexual health practices and can create misleading expectations about sexual relationships. Regionally, 13% of our teenagers reported using pornography to learn about sex.



## 2 Introduction

### Planet Youth

Planet Youth is the local adaptation and implementation, in Roscommon, Galway, and Mayo, of the Icelandic Prevention Model (IPM). The IPM is an evidence-based primary prevention model, developed by researchers, community workers and policy makers in Iceland, in order to reduce substance use rates amongst young people. The model uses a whole population approach and works by directly targeting the risk and protective factors that determine substance use behaviours, and enhancing the social environment that children are growing up in. By reducing the known risk factors and strengthening the known protective factors, the problems associated with adolescent substance use can be reduced or prevented before they arise. Whilst the Icelandic prevention model was developed in order to reduce substance use rates amongst young people, the primary prevention approach offers the opportunity to improve health and life outcomes for young people in many areas. The model is founded upon three pillars:

1. Evidence-based practice
2. Using a community-based approach
3. Creating and maintaining a dialogue between research, policy and practice

The model has demonstrated that it is possible to develop evidence-based interventions to promote and facilitate social capital at the local community level, in order to decrease the likelihood of adolescent substance use, by strengthening the supportive role of parents and schools and the network of opportunities around them.

The evidence for community-based approaches and participatory stakeholder dialogue is derived from a validated biennial survey of adolescent behaviours and attitudes using the Planet Youth survey instrument. This survey instrument, modified with additional local contextual questions, is used in many countries adapting the Icelandic Prevention Model.

The prevention model continuously links local-level data collection from the survey with local-level reflection and action to increase social capital suitable to the needs of the community. The data guides the development of suitable interventions that reduce the identified risk factors and strengthen the protective factors for young people.

### Five Principles of the Icelandic Prevention Model

1. Apply a primary prevention approach that is designed to enhance the social environment.
2. Emphasise community action and embrace public schools as the natural hub of neighbourhood and area efforts to support child and adolescent health, learning, and life success.
3. Engage and empower community members to make practical decisions. using local, high quality, accessible data and diagnostics.
4. Integrate researchers, policy makers, practitioners, and community members into a unified team dedicated to solving complex, real-world problems.
5. Match the scope of the solution to the scope of the problem, including emphasising long-term intervention and efforts to marshal adequate community resources.

## Planet Youth County Roscommon Report

The Western Region Drug and Alcohol Task Force (WRDATF) conducted the fourth Planet Youth survey, on the experiences of teenagers living in their communities in County Roscommon, during November 2024. The target population was all of the 15 and 16 year-old post-Junior Cycle pupils in every post-primary school and Youthreach centre in the county. The Planet Youth survey is repeated biennially amongst this cohort in order to assess changing trends and behaviours and to monitor risk and protective factors.

Each of the 9 post-primary schools and 2 Youthreach centres in the county were invited to take part and all of them participated. The records of 904 pupils at all ages were returned in the dataset after data verification and quality checks.

This report is based on the 659 15 and 16 year-olds within those records. The 245 records that are excluded from the report are younger and older pupils (224), and pupils who are in Ireland for a foreign exchange year (21). This County Roscommon report is intended to reflect the experiences of the pupils who have grown up in the locality and who have attended national and post-primary schools in the area. The experiences of the other pupils are included within the Planet Youth reports that go to the schools and will be part of further analyses of the full dataset.

## Additional Reports

A series of additional thematic, area-based, and agency-specific reports will also be developed from the 2024 Planet Youth dataset for use by agencies in the region. The dataset will also be made available for extended research and policy applications.

Access to the Planet Youth 2018, 2020, and 2022 datasets is available through the Irish Social Sciences Data Archive (ISSDA) at University College Dublin. The Planet Youth 2024 dataset will be added to the archive in Summer 2025.

# 3

## Survey

### Survey Instrument

The Planet Youth International core questionnaire is a standardised survey instrument that is used in many communities around the world.

In Ireland, prior to the administration of this fourth Planet Youth survey, the questions in the instrument were modified and localised to be more suitable in an Irish context and Irish language and Ukrainian language versions were also produced. This process was completed in cooperation with the other sites in Ireland that are conducting Planet Youth surveys. These revisions allow the Planet Youth project and partner agencies to gather valuable insights that will help further the overall aim of the project in improving the health and wellbeing of our young population.

New and modified areas of questioning include:

- Vaping products
- Access to alcohol and drugs
- Reasons for school absenteeism
- Pupils in carer roles
- Neurodiversity
- Age of first smartphone and phone use after midnight
- Body image and eating
- Strengths and Difficulties Questionnaire (SDQ)
- Depression Anxiety Stress Scales – Youth Version (DASS21-Y)
- The World Health Organisation Wellbeing Index (WHO-5)

### Survey Methodology

This fourth survey, of the six planned Planet Youth surveys, was conducted in November 2024. The pupils that were targeted for inclusion were all those who had returned to school after completing the Junior Cycle in June 2024. The survey was administered online and all the 15 and 16 year-olds in the region were invited to participate.

1. The sequence of events related to the administration of the survey are detailed below:
2. An ethical review was conducted and approval granted by the Royal College of Physicians of Ireland (RCPI).
3. Localisation and modification of the latest online survey instrument was completed via consultation with local agencies, youth groups and the other sites in Ireland conducting Planet Youth surveys. The survey was then set up on the Alchemer online survey platform.
4. Principals of all the post primary schools and the Youthreach Centres in the region were approached in advance of the survey to explain the overall project and the purpose of the survey.
5. A support services card was developed to be issued alongside the surveys to ensure participants had access to contact details of support services if required.
6. All students and parents were given copies of information about the survey and were invited to opt out if they so wished.

## Growing up in the West – Planet Youth Report

7. Support services cards and sample paper versions of the questionnaire were delivered to each school.
8. Each school appointed a coordinator for their in-house survey, and they all attended an online training to ensure consistency of the survey's online administration.
9. The surveys were conducted in November 2024 by the in-school coordinators using school devices. WRDATF staff visited schools in the region that had insufficient devices or internet access to conduct the survey themselves.
10. All final survey records were checked for quality, cleaned and parsed by Planet Youth in Reykjavik and the results and datasets were returned to Ireland in January 2025.

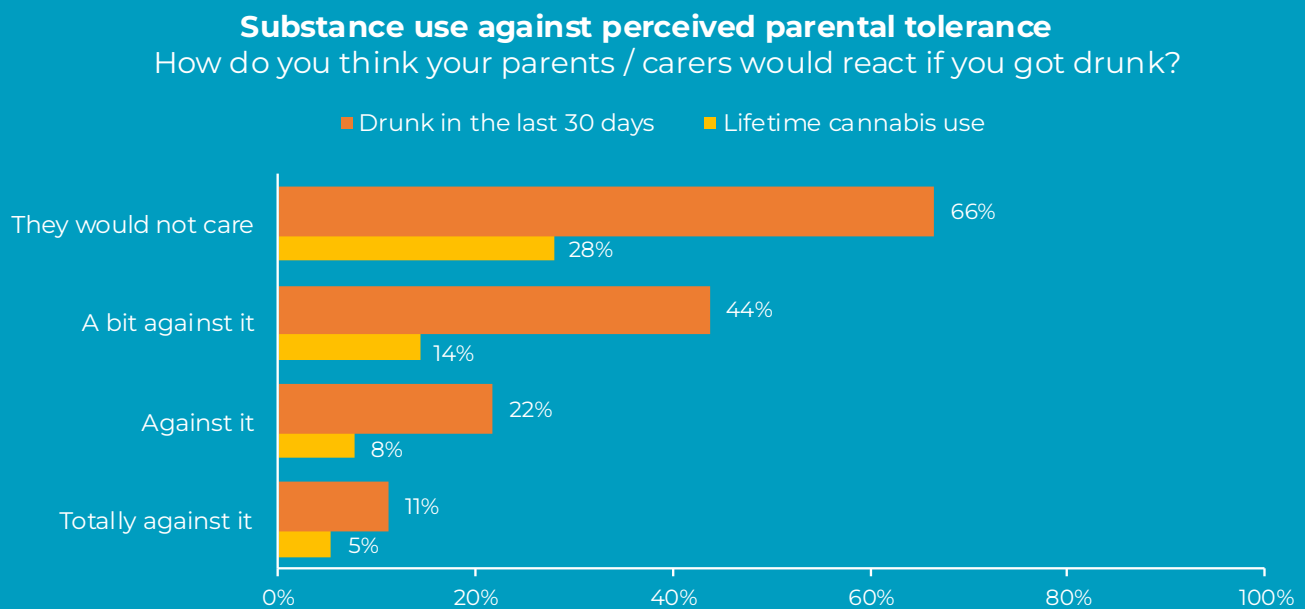
The survey was conducted during class hours, taking approximately 40 minutes to complete. Students were again informed of the purpose of the survey, and they were also informed of the purpose of the support services card.

To ensure survey accuracy, some records were eliminated as part of the data cleansing process in Reykjavik. The criteria for elimination included insufficiently complete records, reporting the use of a fictitious drug or reporting to have tried some substance 40 times or more.

### How To Interpret the Cross-Tabulations

The cross-tabulations shown throughout this document are used to indicate the relationship between one variable and another. Cross-tabulations can demonstrate the effect and importance of different risk and protective factors. This is a method of quantitatively analysing the relationship between multiple variables by examining correlations within the data that may not be readily apparent otherwise.

Cross-tabulations are used throughout the survey findings to examine the risk and protective factors in different domains. They can highlight factors that are working well and also those that seem to be working poorly or that are unusual in some other way and so worthy of investigation.



**Cross-tabulation example.** This example shows the critical importance of parental attitude to substance use. The darker orange bar shows the proportion of teenagers that became drunk in the last 30 days correlated with perceived parental attitude to drunkenness. The lighter orange bar shows the proportion of teenagers that have used cannabis correlated with perceived parental attitude to drunkenness.

# 4 Survey Results

## Number of Participants

	Male	Female	Other / Prefer not to say	Total
County Roscommon	329	307	23	659
Region	2,493	2,444	142	5,079

The table above specifies the number of survey participants that are represented in the charts in the following pages. All are pupils at 15 and 16 years of age who participated in the November 2024 survey.

The charts in the Cross-Tabulation and Gender Differences sections were developed using the full regional dataset of 5,079 participants. All other charts report information on both the local area and the regional participants.



# TRENDS

## County Roscommon Trends

Reported 30-day  
drunkenness has  
increased to



**34%** ↑ 3%

Daily vaping  
rates have  
decreased to



**13%** ↓ 3%

Perceived parental  
disapproval of drunkenness  
has increased to

**52%** ↑ 2%

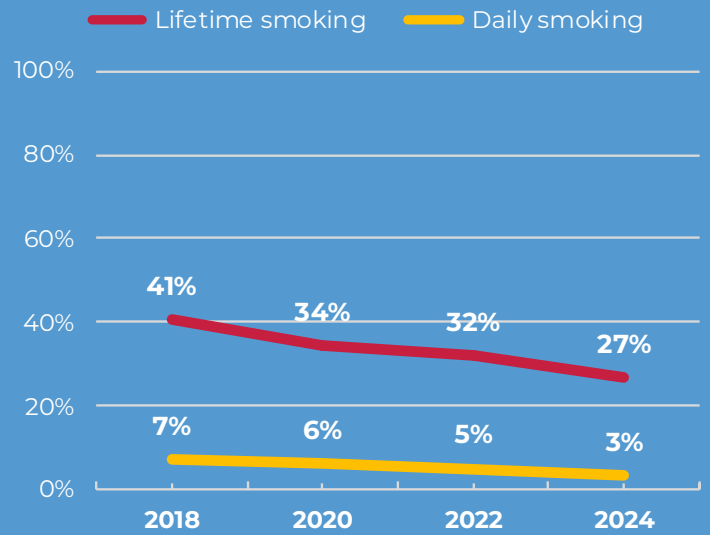
Outside after  
midnight rates  
have decreased to



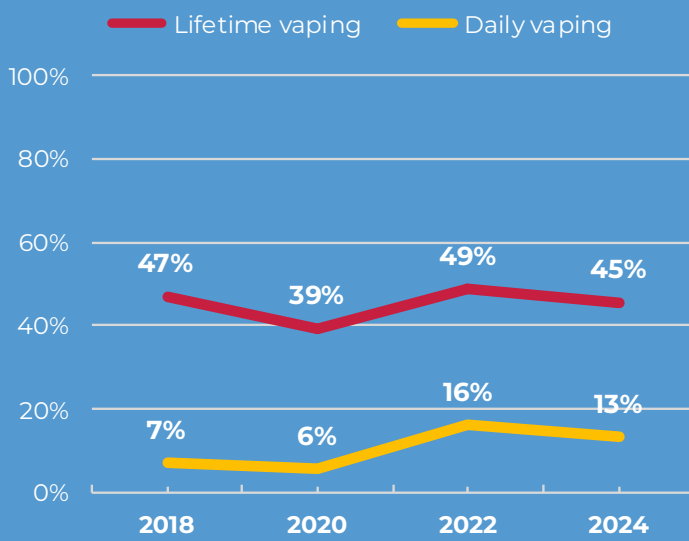
**39%** ↓ 3%

# County Roscommon Trends

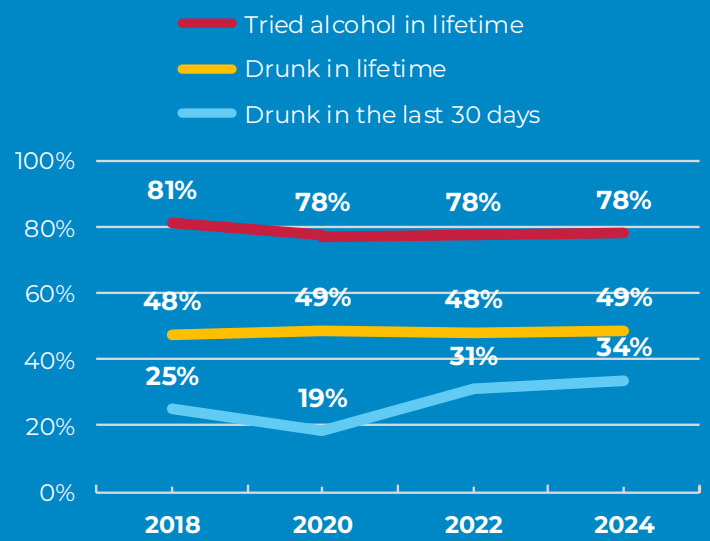
Roscommon pupils that reported the following substance use



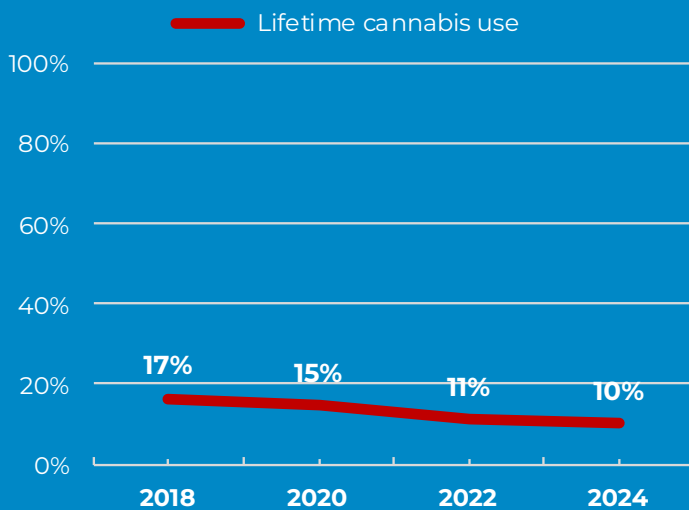
Roscommon pupils that reported the following substance use



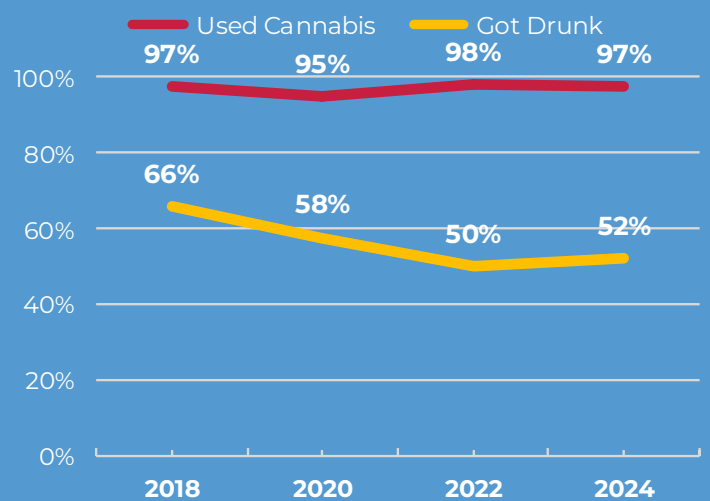
Roscommon pupils that reported the following substance use



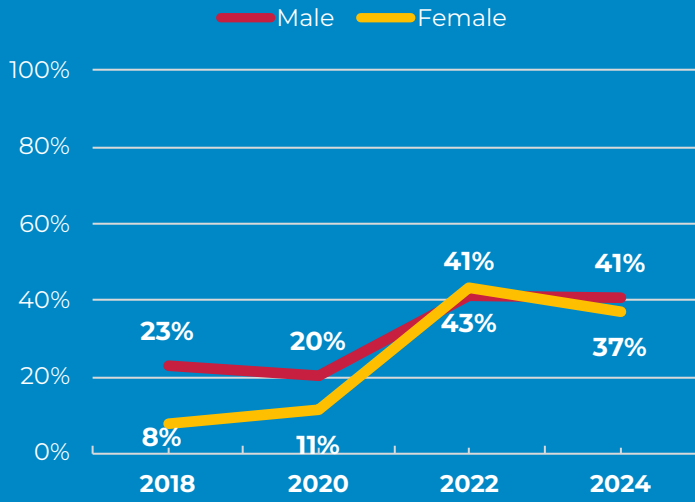
Roscommon pupils that reported the following substance use



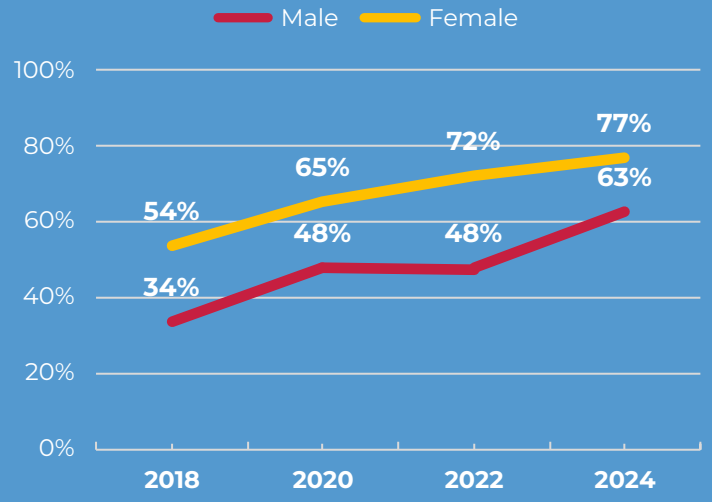
Roscommon pupils who say their parents would be against it or totally against it if they:



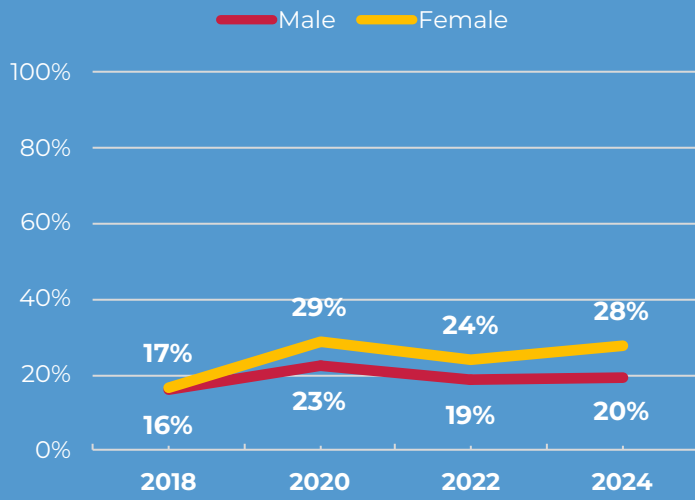
**Roscommon pupils outside after midnight once or more in the last week**



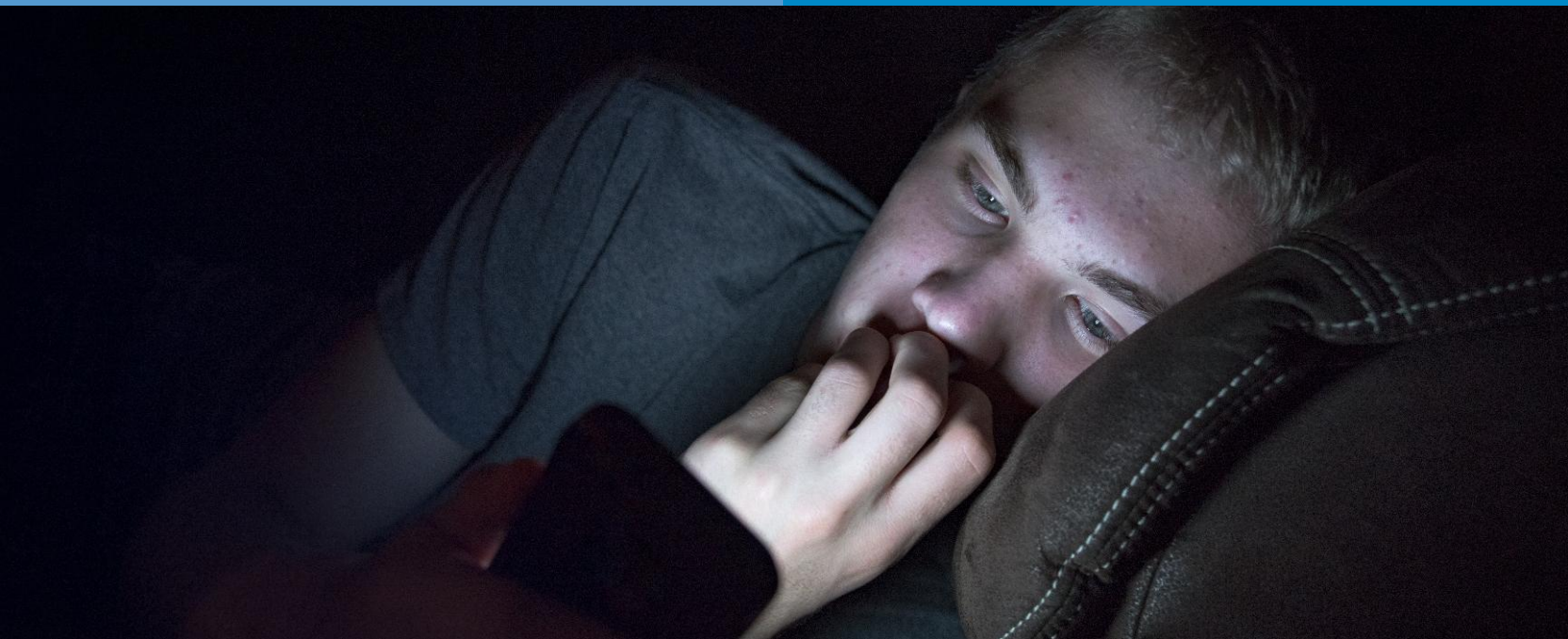
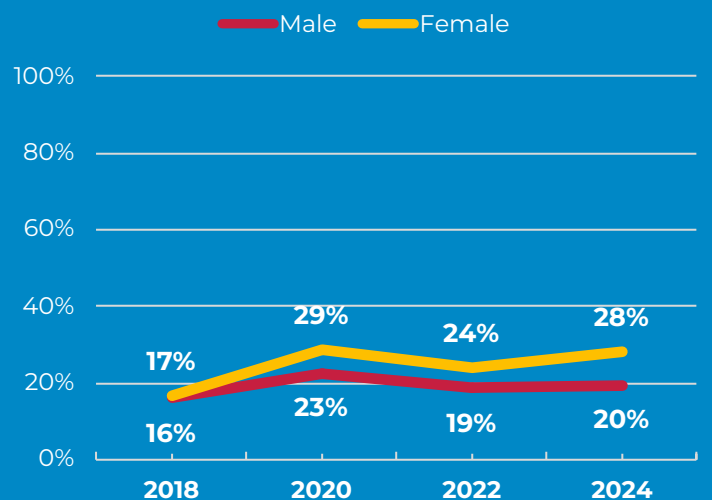
**Roscommon pupils using social media for more than 3 hours each day**



**Roscommon pupils that get 8 or more hours sleep on an average night (sufficient sleep)**

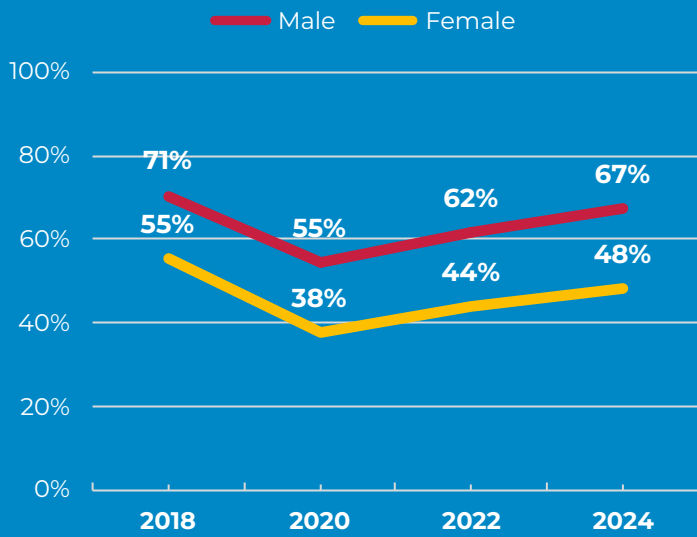


**Roscommon pupils that get 6 hours or less sleep on an average night (sleep deficit)**

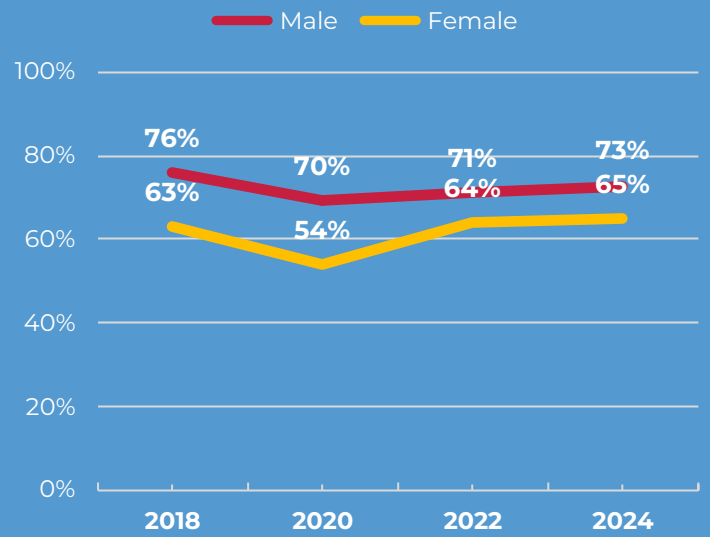




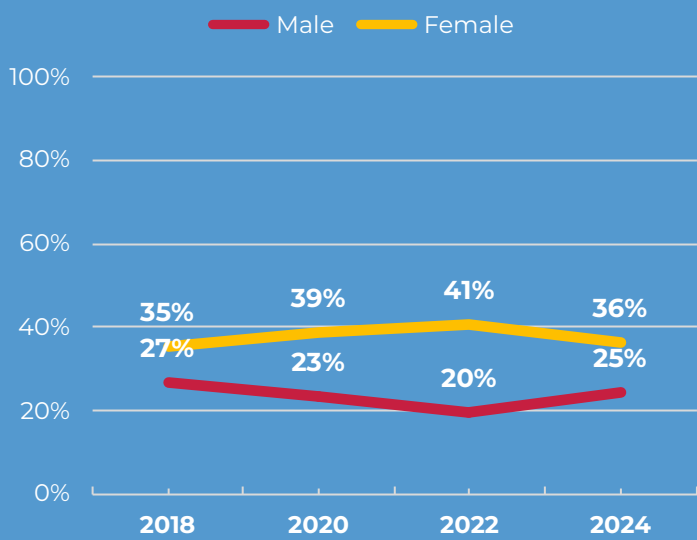
### Roscommon pupils that report their mental health as good



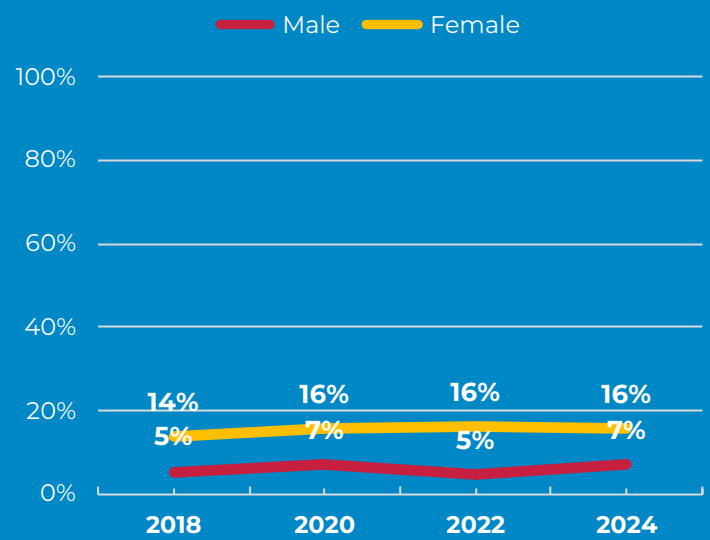
### Roscommon pupils that report their physical health as good



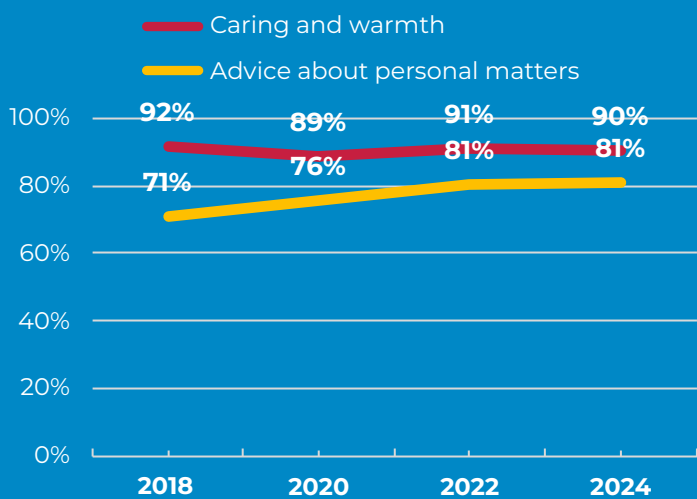
### Roscommon pupils that have self-harmed once or more



### Roscommon pupils that have self-harmed five times or more



### Roscommon pupils who say it's easy or very easy to receive the following from parents





# SUBSTANCE USE

## Key Findings

**33%**

drunk in the last month

**13%**

are daily vapers



**32%**

do their drinking in a friend's home



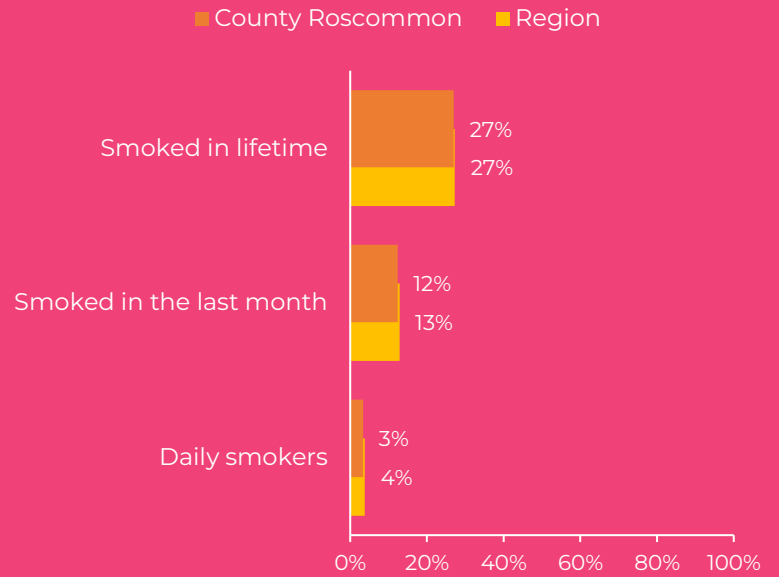
**10%**

have tried cannabis

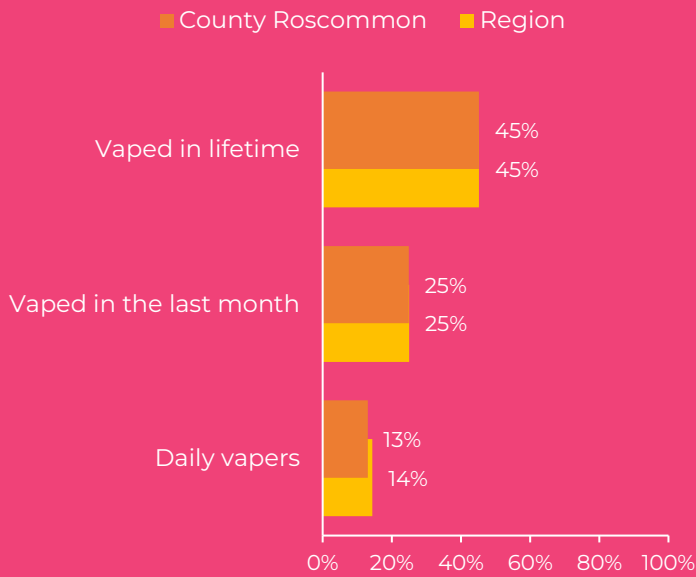


# Substance Use

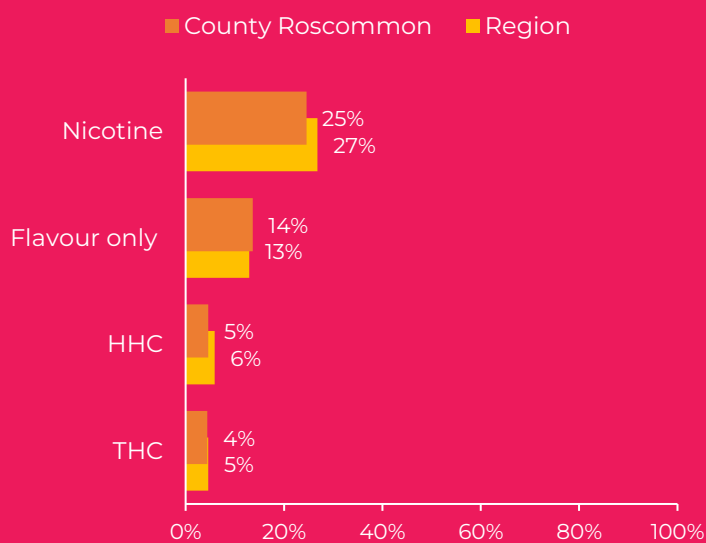
## Substance Use - Cigarettes



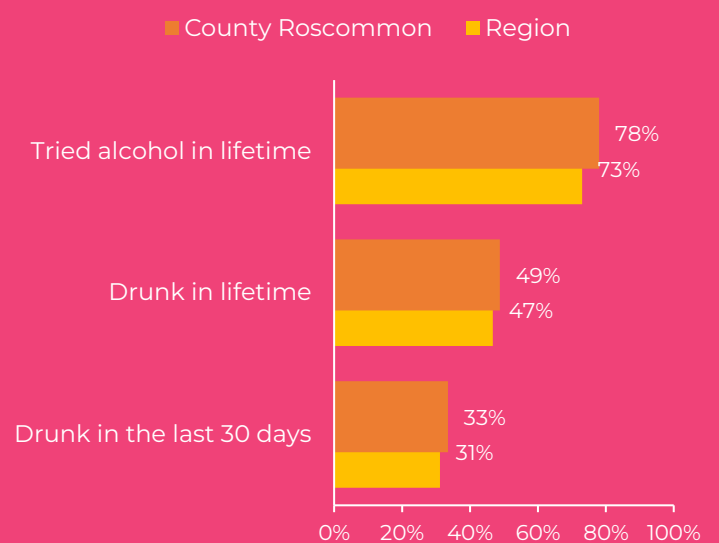
## Substance Use - Vapes



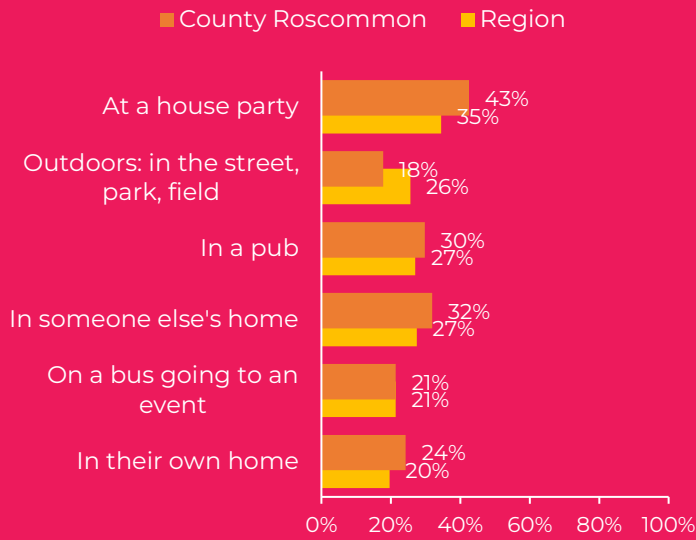
## Pupils who vape the following substances



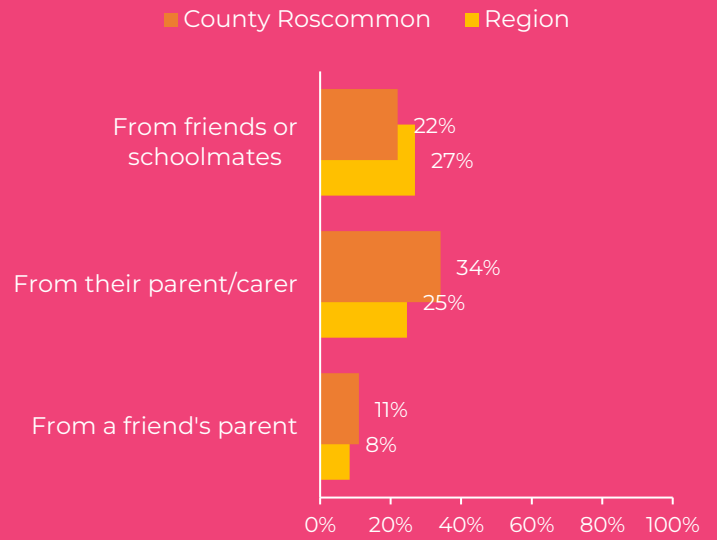
## Substance Use – Alcohol



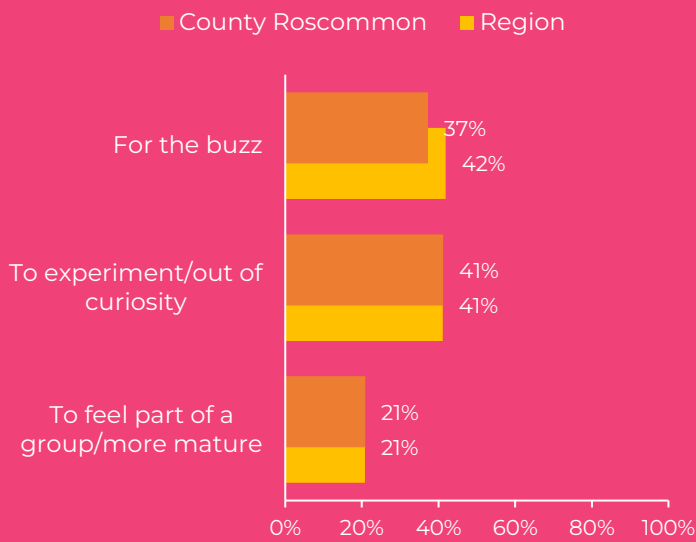
### Pupils who sometimes or often drink in the following places



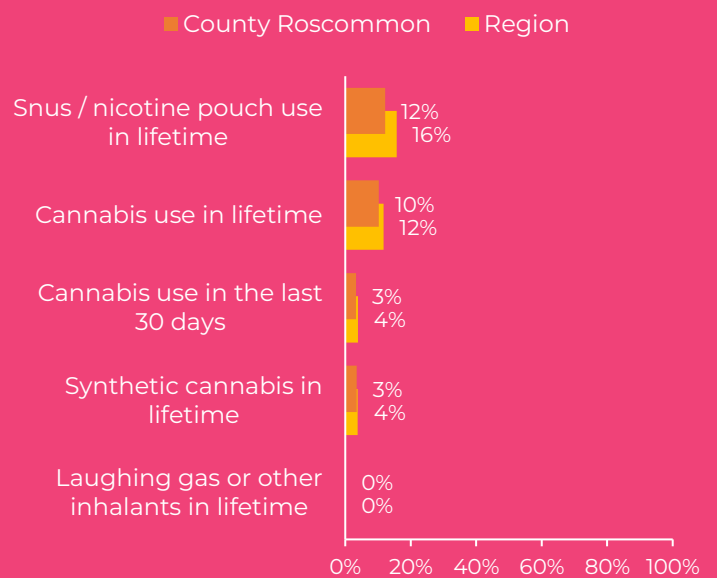
### Pupils who sometimes or often get alcohol



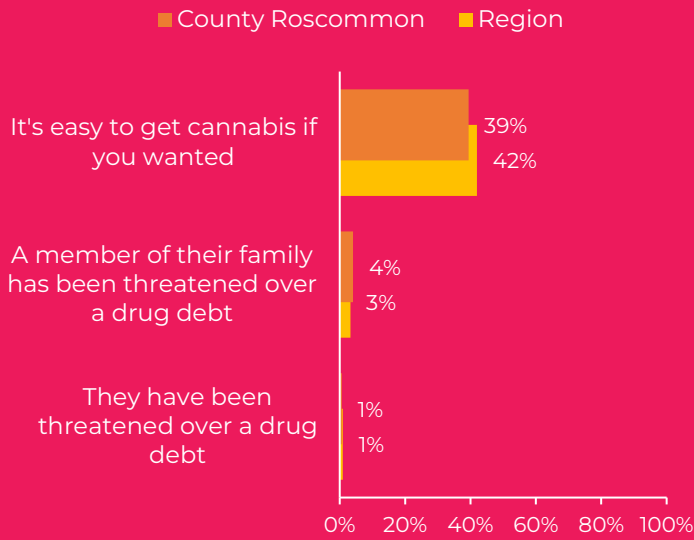
### Pupils who report the following reasons for using alcohol



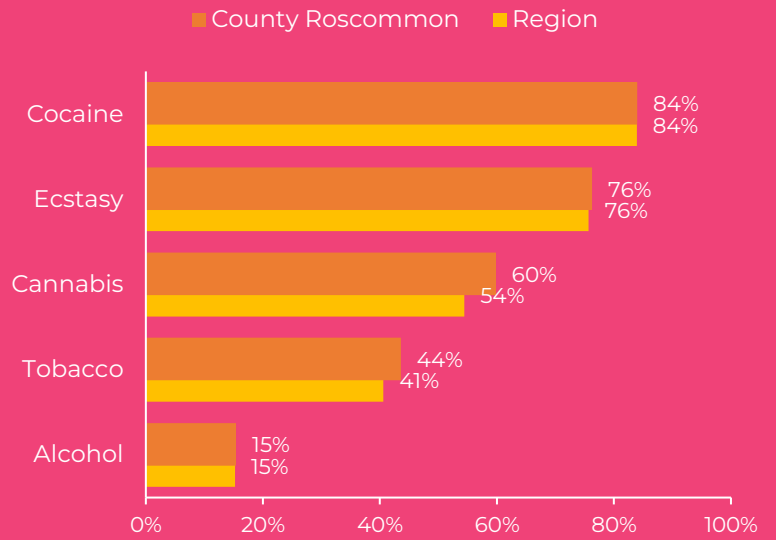
### Other substance use



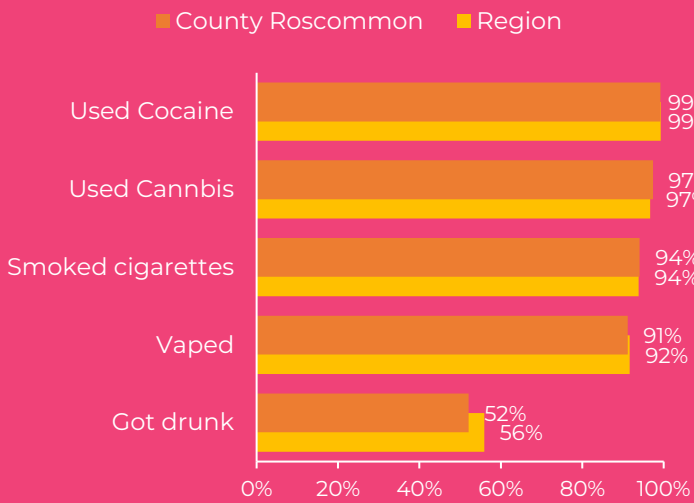
**Pupils who report the following**



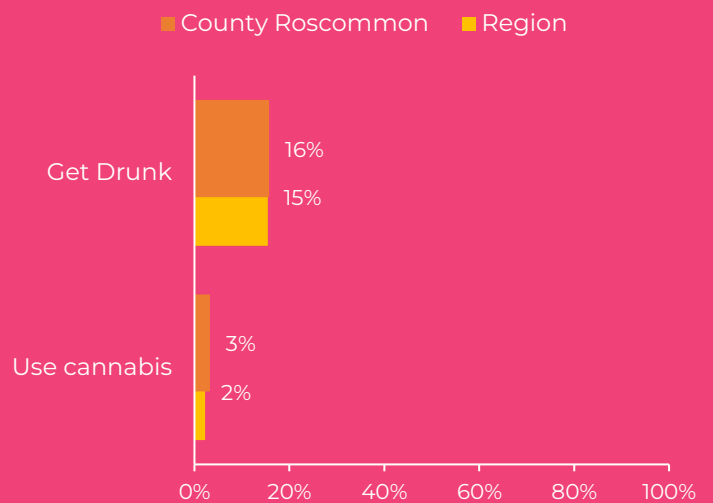
**Pupils who think the following drugs are very harmful**



**Pupils who said their parents would be against it / totally against it if they**



**Pupils who said their parents / carers do the following at least once a week**



# Substance Use

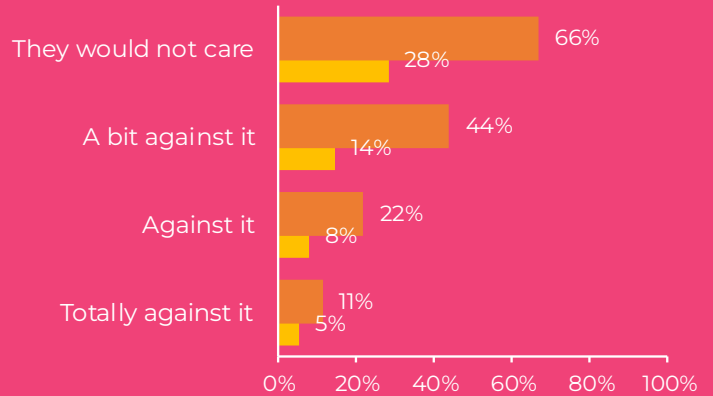
## Cross-Tabulations

The cross-tabulations shown in this section are used to highlight the relationship between variables. They help examine risk and protective factors in different domains and can identify areas to be considered when developing suitable interventions.

### Substance use against perceived parental tolerance

How do you think your parents / carers would react if you got drunk?

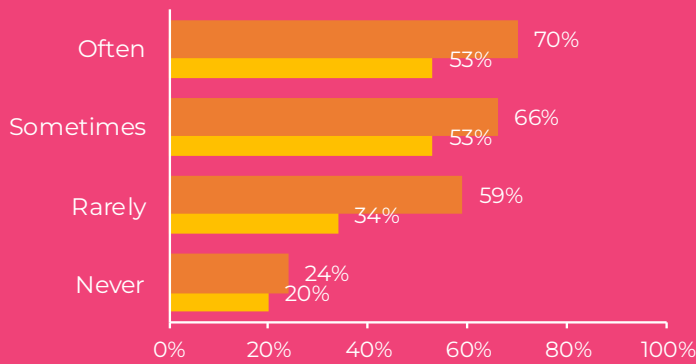
■ Drunk in the last 30 days ■ Lifetime cannabis use



### Drunk in the last 30 days against parental alcohol supply

How do you usually get the alcohol you drink?

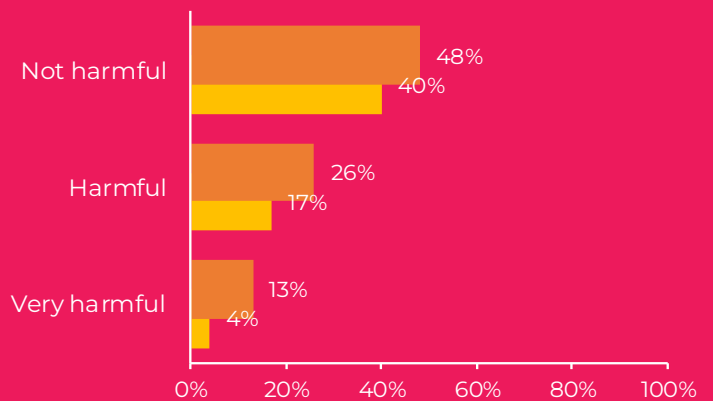
■ Get alcohol from a friend's parent ■ Get alcohol from own parent



### Substance use against perceived substance related harm

How harmful do you think alcohol/cannabis might be?

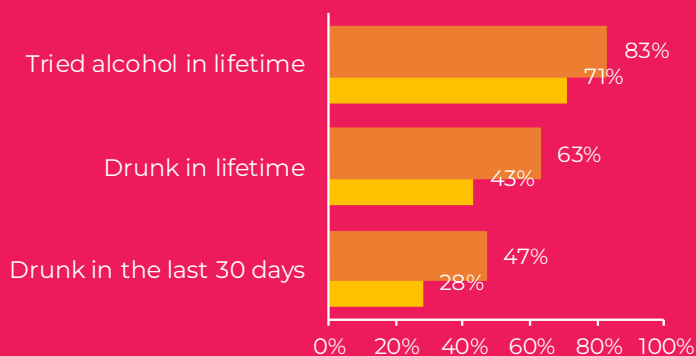
■ Drunk in the last 30 days ■ Lifetime cannabis use



### Alcohol use against parental drinking

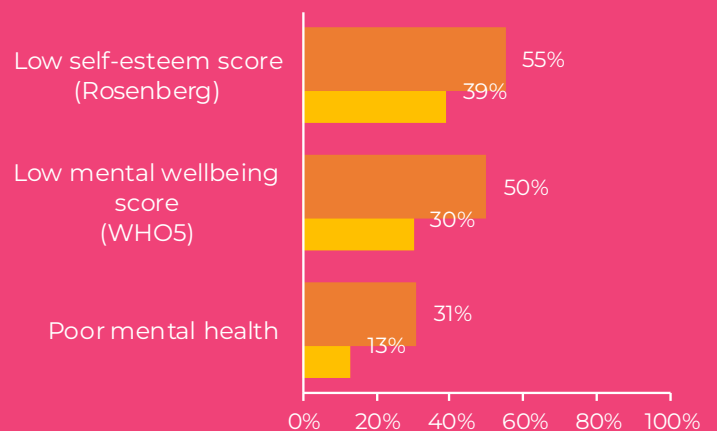
Parent / carer gets drunk at least once a week

■ Parent / carer gets drunk each week ■ Doesn't get drunk each week



### Wellbeing indicators against cannabis use

■ Used cannabis in the last 30 days ■ Never use cannabis





# HOME LIFE AND PEER GROUP

## Key Findings

**90%**

said it is easy or very easy  
to receive caring and  
warmth from parents

**28%**

are in carer roles  
at home

**11%**

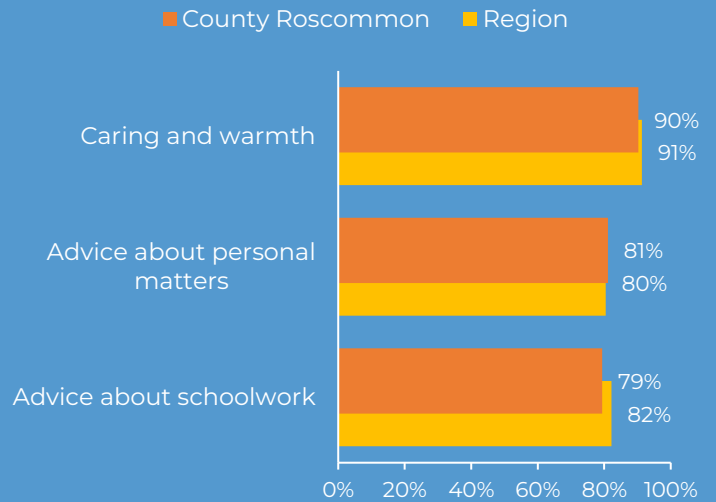
reported a parent  
had or has a  
drinking problem

**35%**

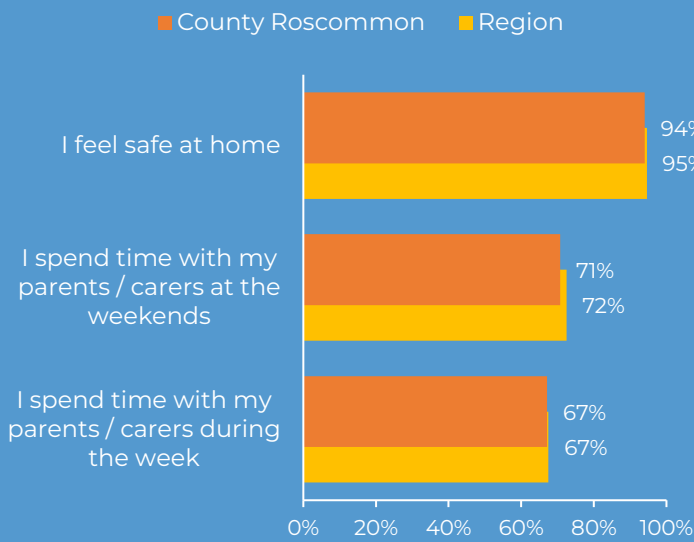
reported being  
rejected by their  
friends

# Home Life and Peer Group

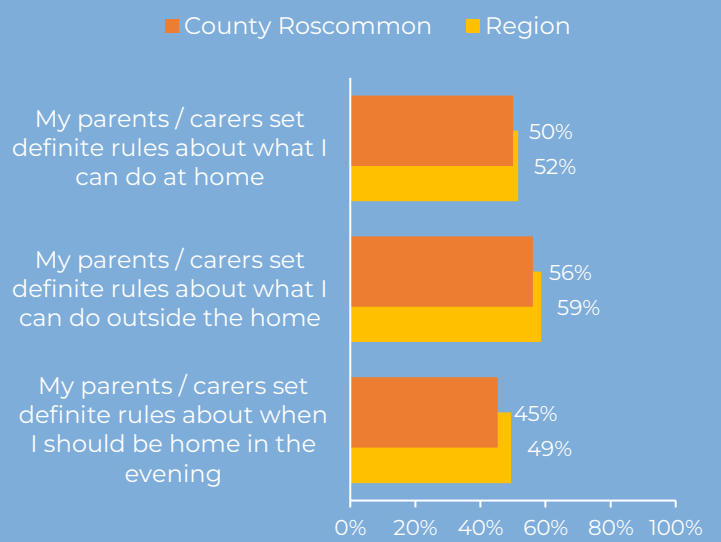
## Pupils who said it's easy or very easy to receive the following from their parents/carers



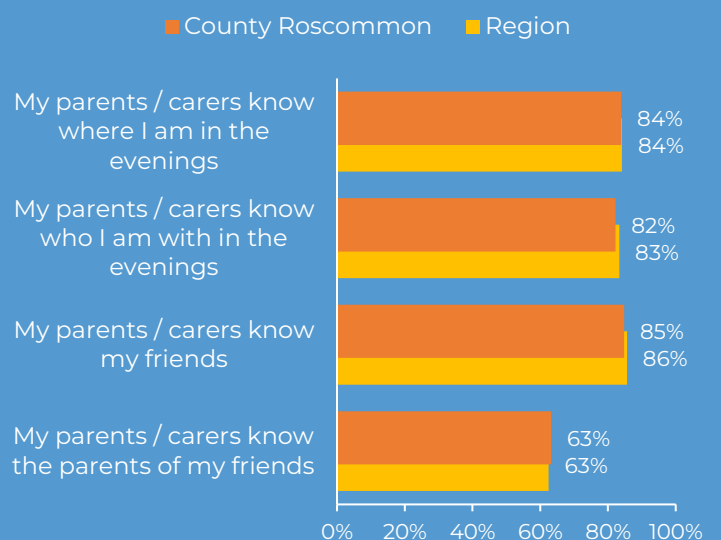
## Pupils who say the following often or almost always applies



## Pupils who agree or strongly agree with the following

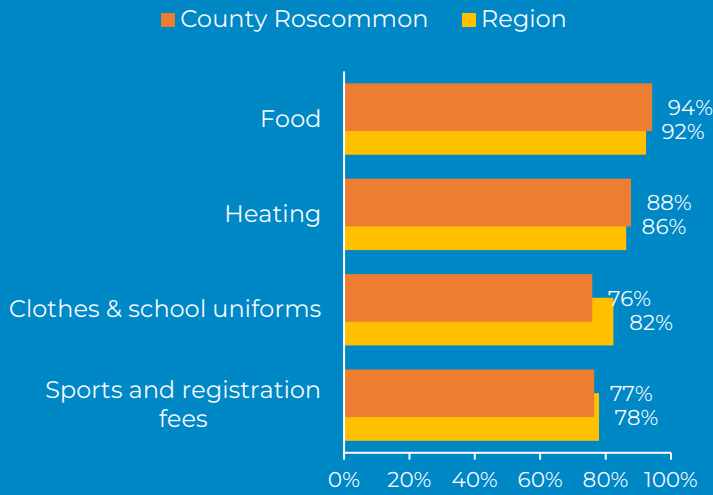


## Pupils who agree or strongly agree with the following

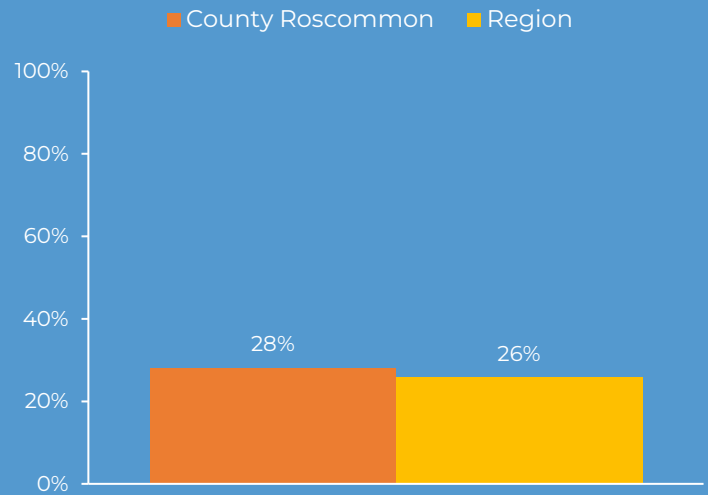




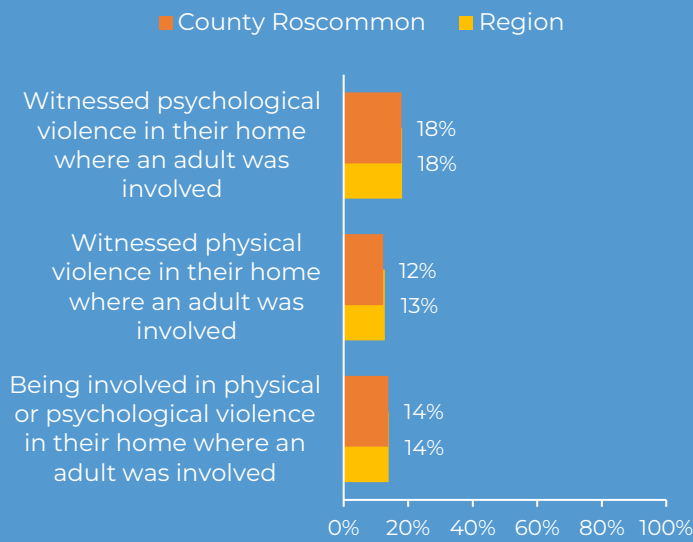
### Pupils who said their parents/carers always have enough money for the following



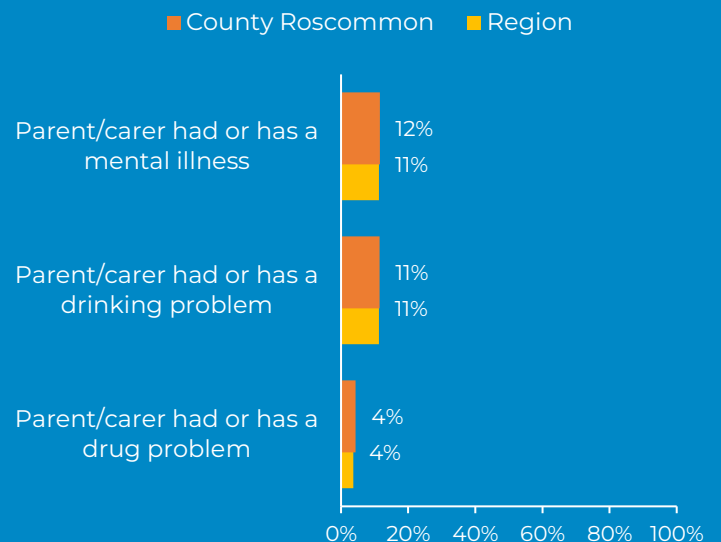
### Pupils who provide care or support to a family member



### Pupils who have experienced the following

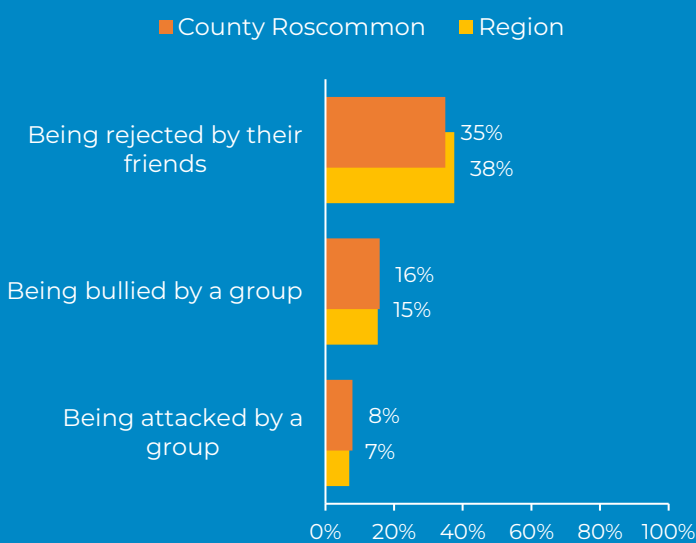


### Pupils who have experienced the following

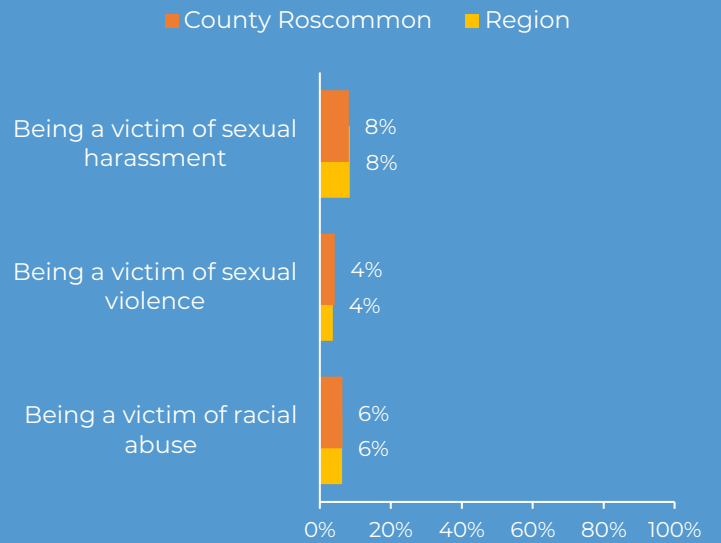


### Bullying and exclusion

#### Pupils that report the following



### Pupils that report the following



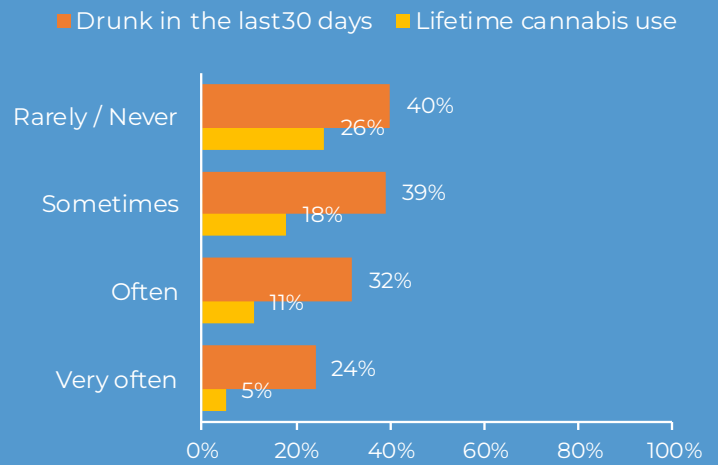
# Home Life and Peer Group

## Cross-Tabulations

The cross-tabulations shown in this section are used to highlight the relationship between variables. They help examine risk and protective factors in different domains and can identify areas to be considered when developing suitable interventions.

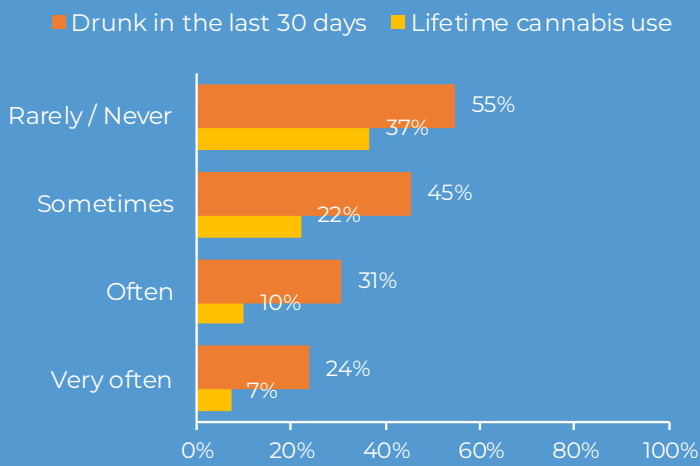
### Spending time with parents against substance use

I spend time with my parents/ carers at the weekends



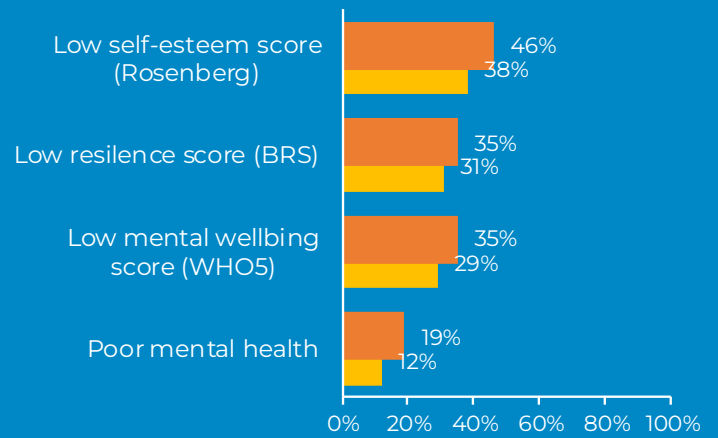
### Parental supervision against substance use

My parents / carers know where I am in the evenings



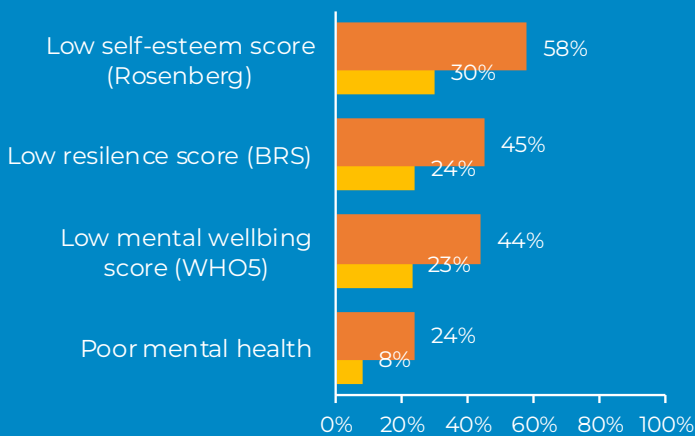
### Wellbeing against providing care at home

In a carer role at home



### Wellbeing against being rejected by friends

Been rejected by friends





# LEISURE TIME

## Key Findings

14%



never do 60 minutes physical activity during the week

38%



report being outside after midnight in the last week

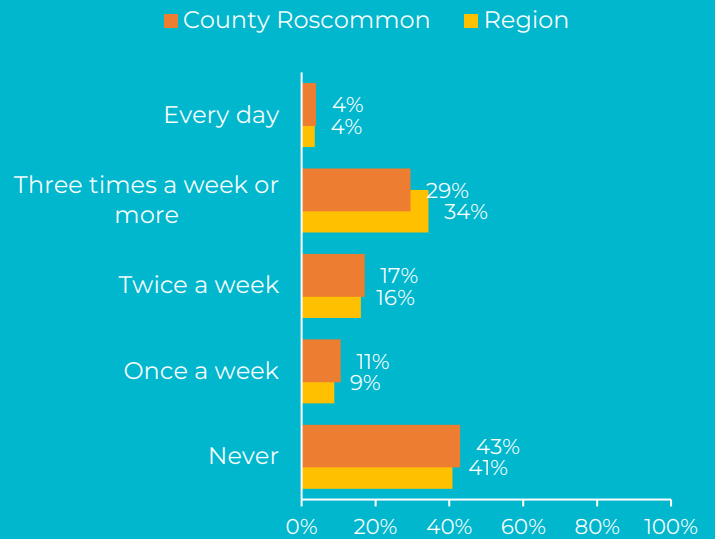
28%



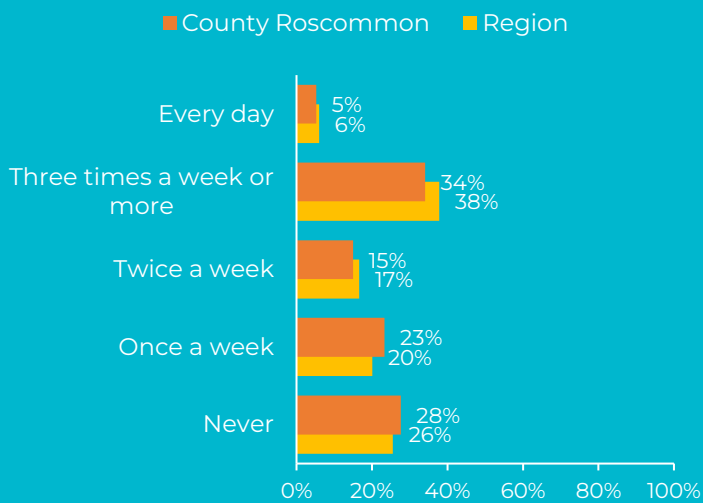
hang out with friends in the streets

# Leisure Time

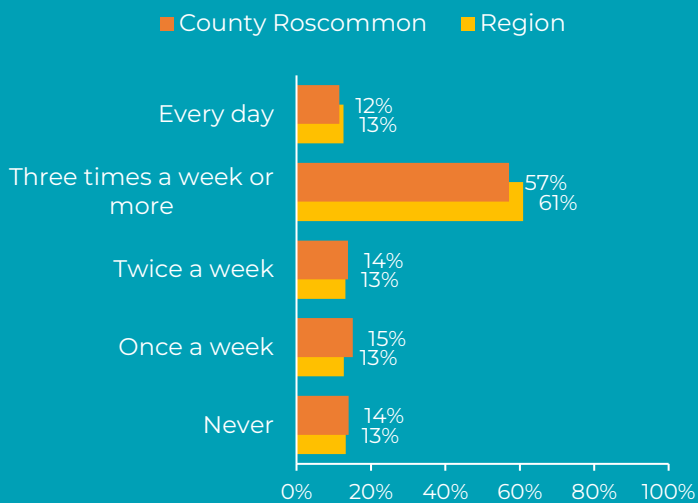
## How many times a week do you play team sports?



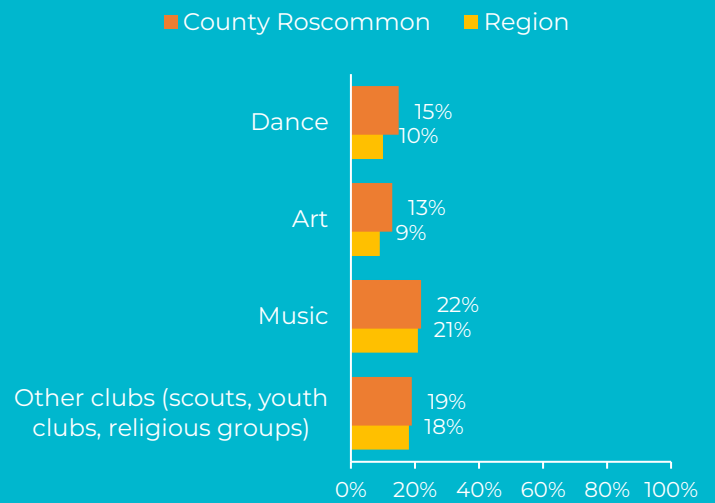
## How many times a week do you do an individual physical activity? (swimming, running, etc)



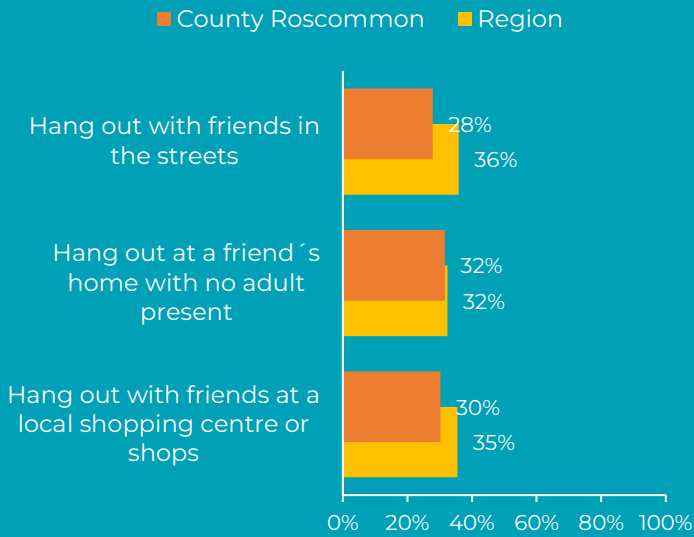
## How many days a week do you do a total of 60 mins of physical activity?



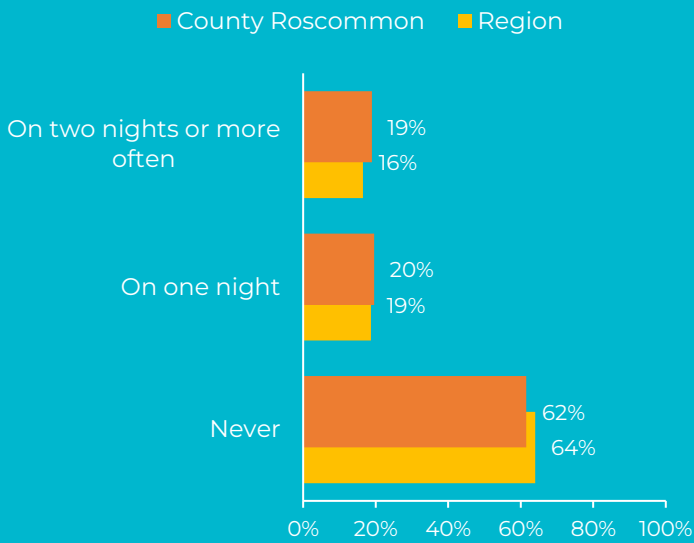
## Pupils that participate once a week or more in the following supervised activities



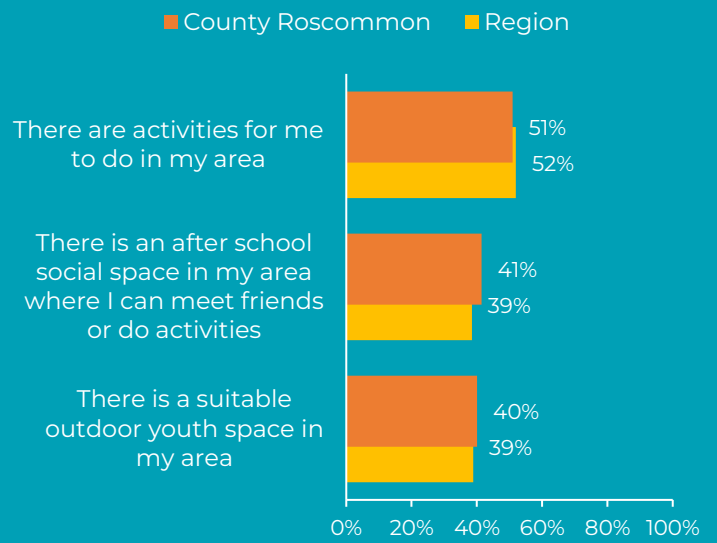
### Pupils who do the following once a week or more



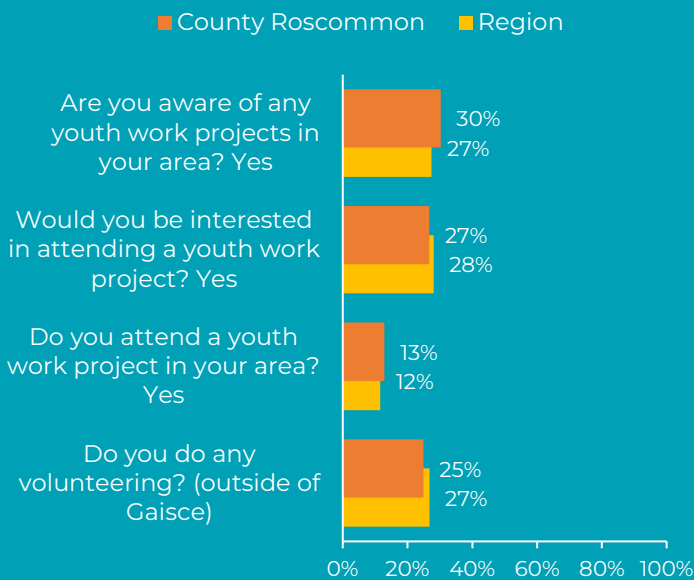
### Pupils who reported being outside after midnight in the last week



### Pupils who agree or strongly agree that:



### Youth projects and volunteering

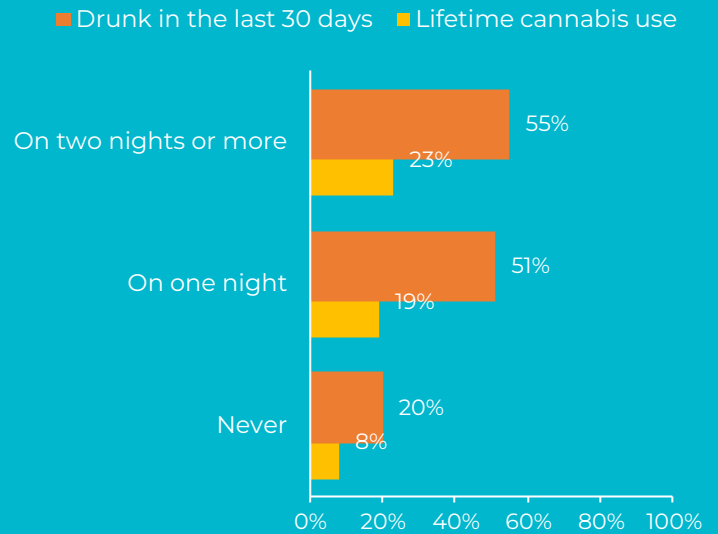


# Leisure Time

## Cross-Tabulations

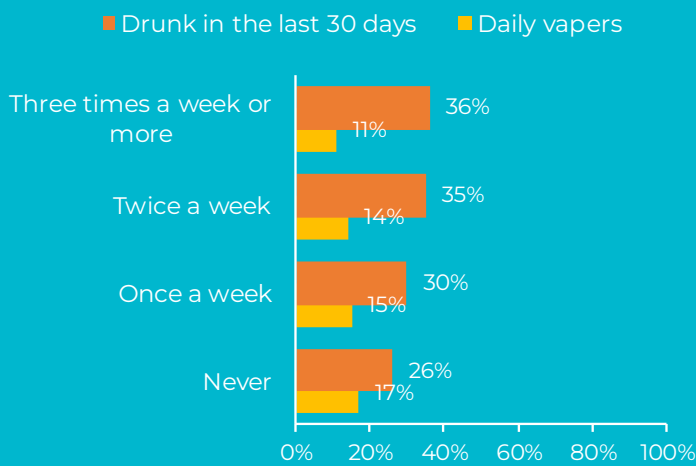
The cross-tabulations shown in this section are used to highlight the relationship between variables. They help examine risk and protective factors in different domains and can identify areas to be considered when developing suitable interventions.

### Outside after midnight against substance use



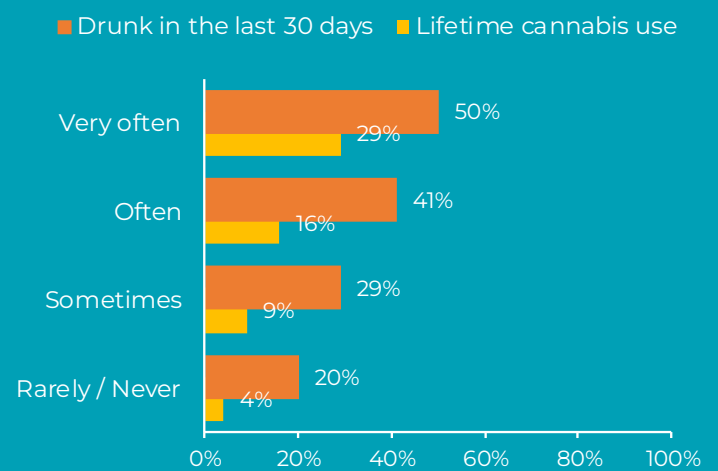
### Playing team sports against substance use

Times each week playing team sports



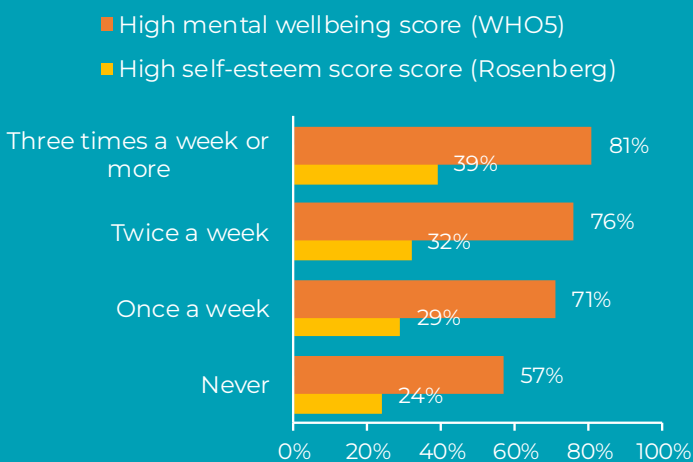
### Unsupervised leisure time against substance use

Hanging out with friends in the streets



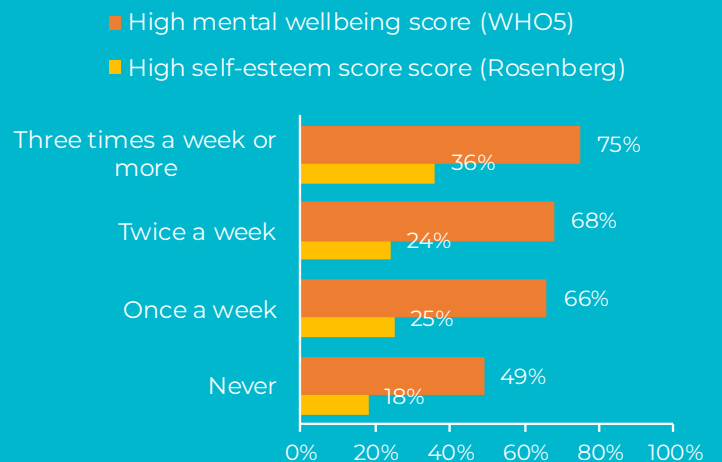
### Playing team sports against wellbeing

Times each week playing team sports



### Physical activity against wellbeing

Times each week doing 60 min or more of physical activity



A background image showing the hands and arms of several people holding smartphones. One person in a yellow hoodie holds an orange phone, another in a blue jacket holds a blue phone, and others hold black phones. The phones are held in various orientations, some horizontally and some vertically.

# SCREEN USE AND ONLINE BEHAVIOUR

## Key Findings

**69%**

of pupils spend 3 hours  
or more on social media daily



**22%**

got a phone at  
10 or younger

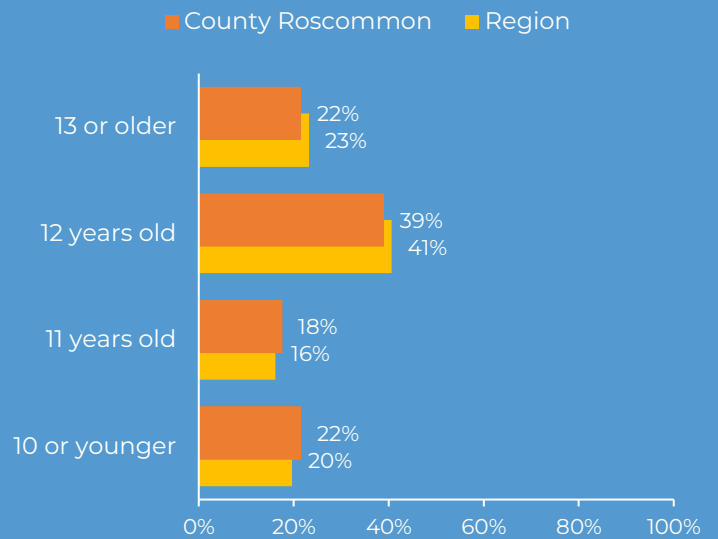
**84%**

have a phone in their  
bedroom at night

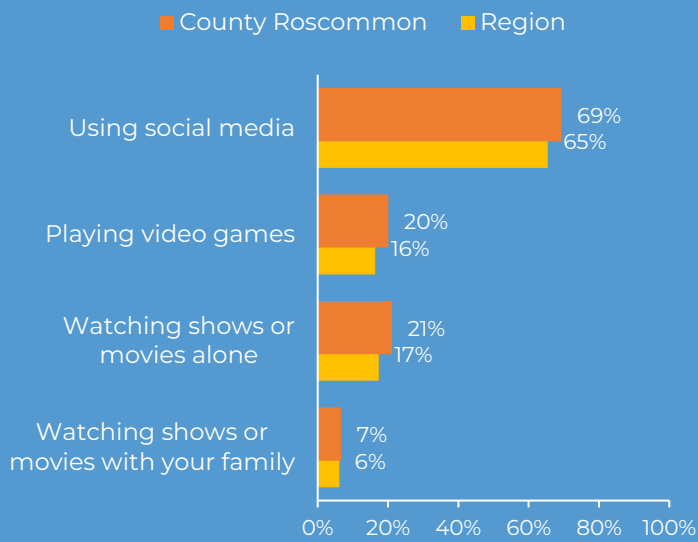


# Screen Use and Online Behaviour

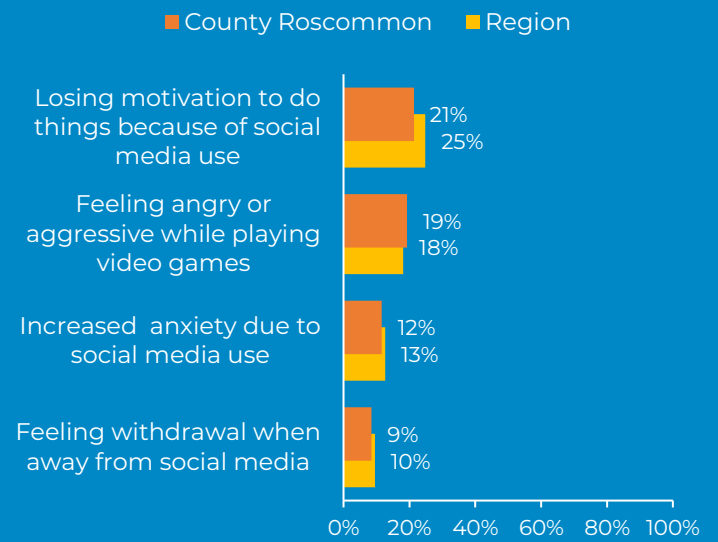
## At what age did you get your first smartphone?



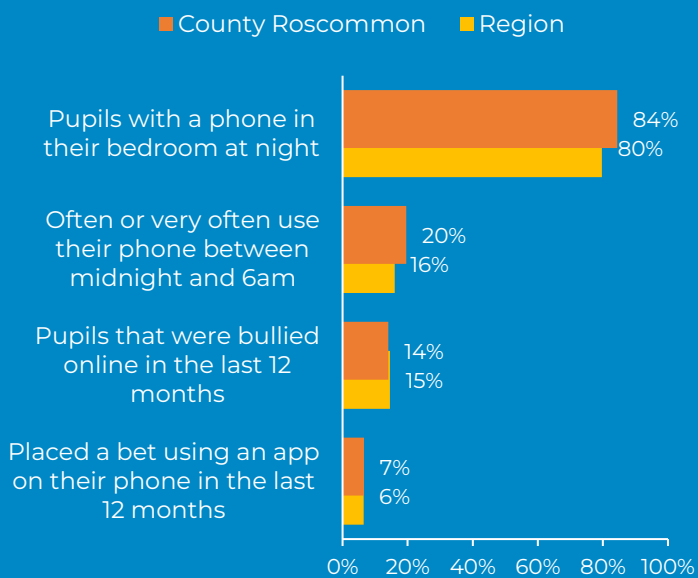
## Pupils spending three hours or more each day on screens



## Pupils that have experienced the following often or very often



## Online Activities





# Screen Use and Online Behaviour

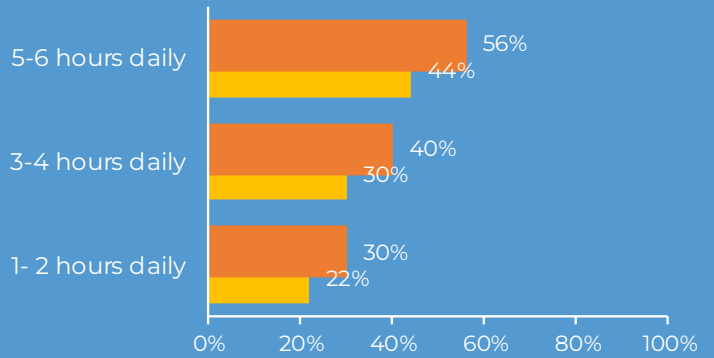
## Cross-Tabulations

The cross-tabulations shown in this section are used to highlight the relationship between variables. They help examine risk and protective factors in different domains and can identify areas to be considered when developing suitable interventions.

### Time on social media against wellbeing

Hours each day spent using social media

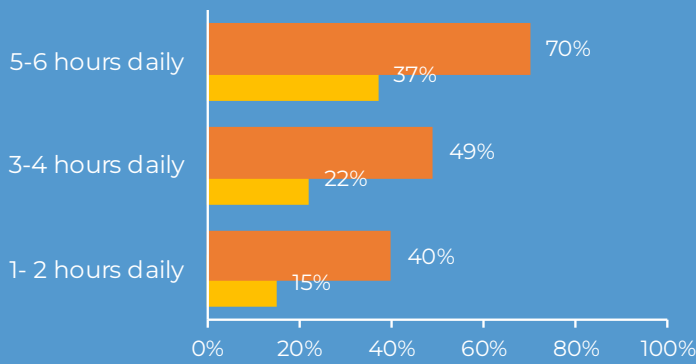
- Low self-esteem score (Rosenberg)
- Low mental wellbeing score (WHO5)



### Time on social media against school engagement and sleep

Hours each day spent using social media

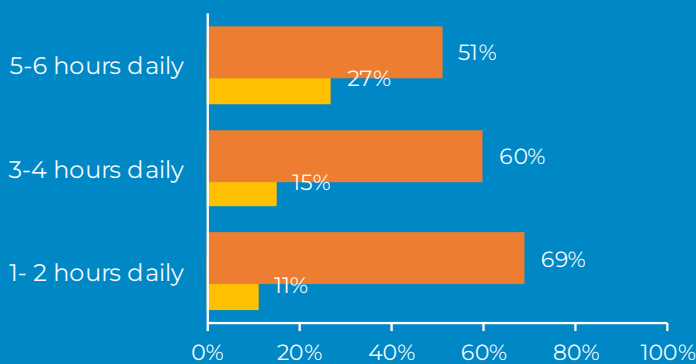
- Low school engagement score
- Get 6 hours sleep or less



### Time on social media against body image and eating

Hours each day spent using social media

- I am mostly happy with how I look
- Have you ever made yourself vomit





# WELLBEING INDICATORS

## Key Findings

32%



reported self-harm  
once or more

59%



are not getting sufficient  
sleep

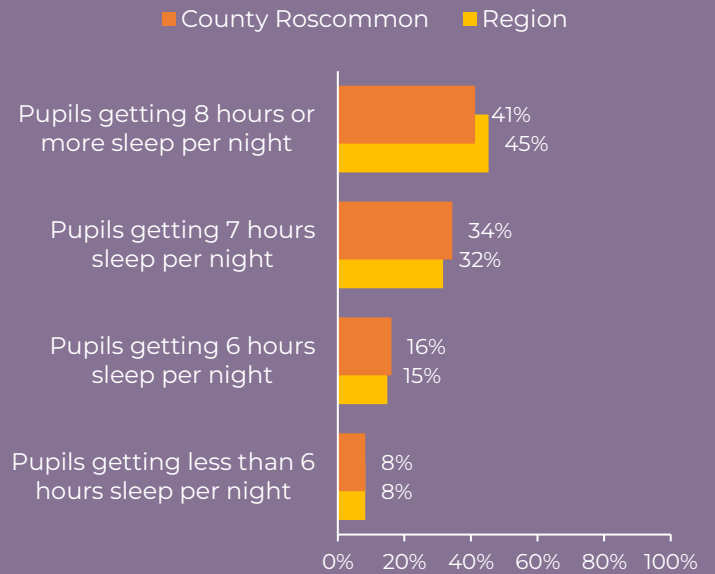
42%



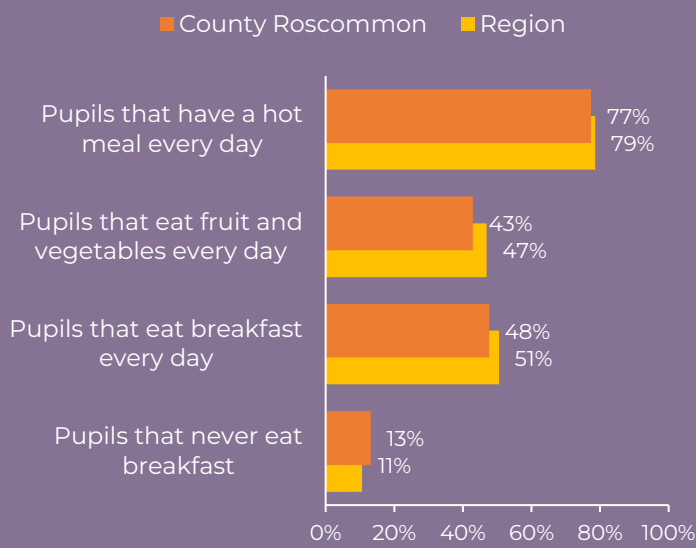
reported low self-esteem  
scores

# Wellbeing Indicators

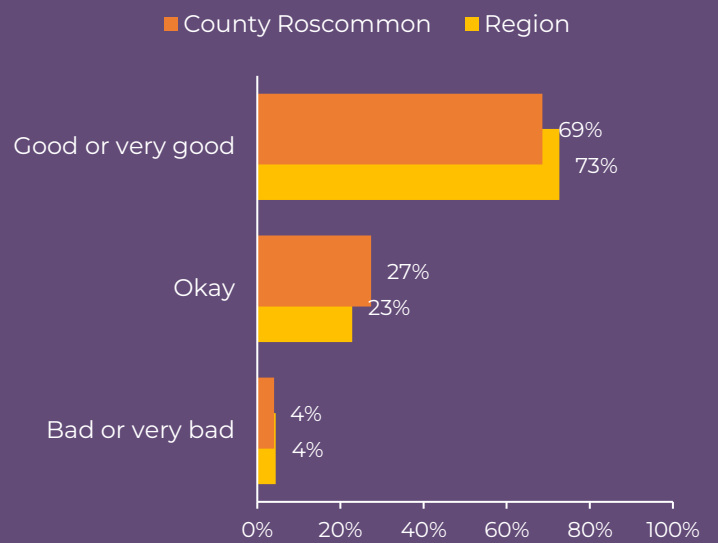
## Amount of sleep



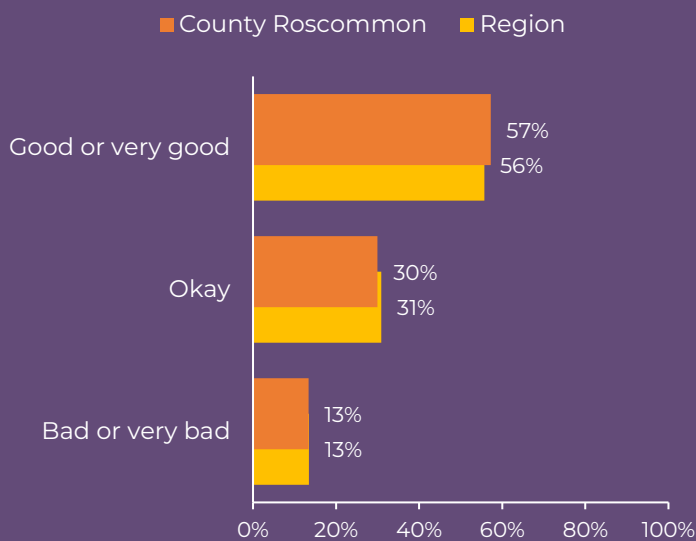
## Diet



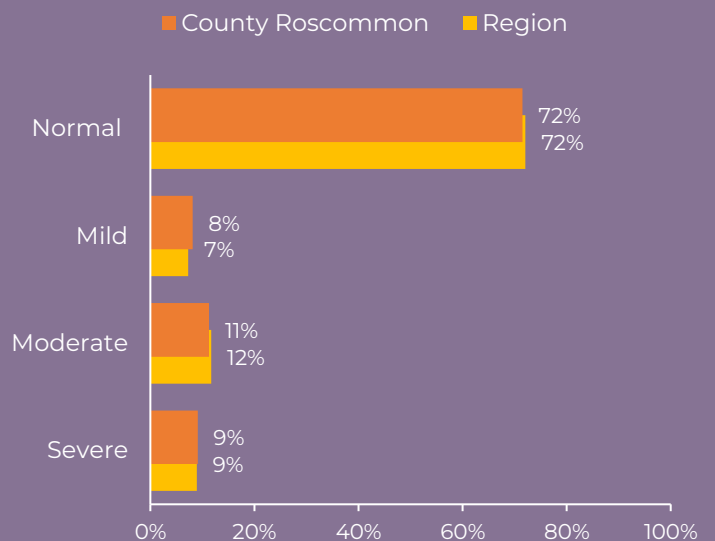
## How pupils rate their physical health



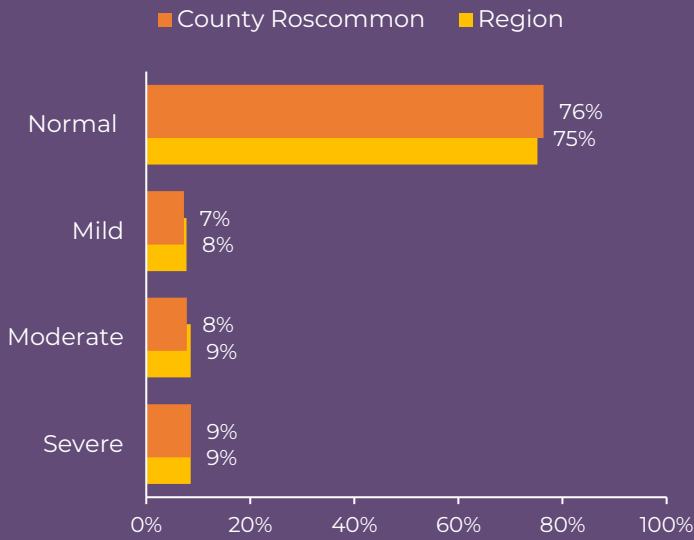
## How pupils rate their mental health



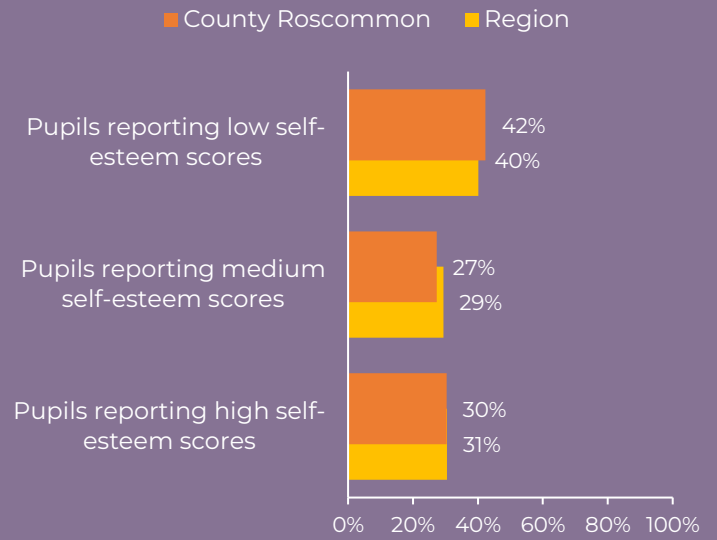
## Anxiety scores DASS21-Y



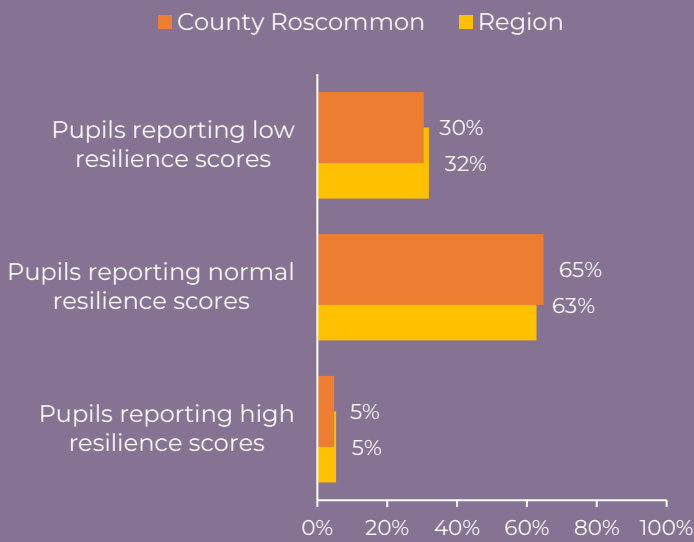
**Stress scores**  
DASS21-Y



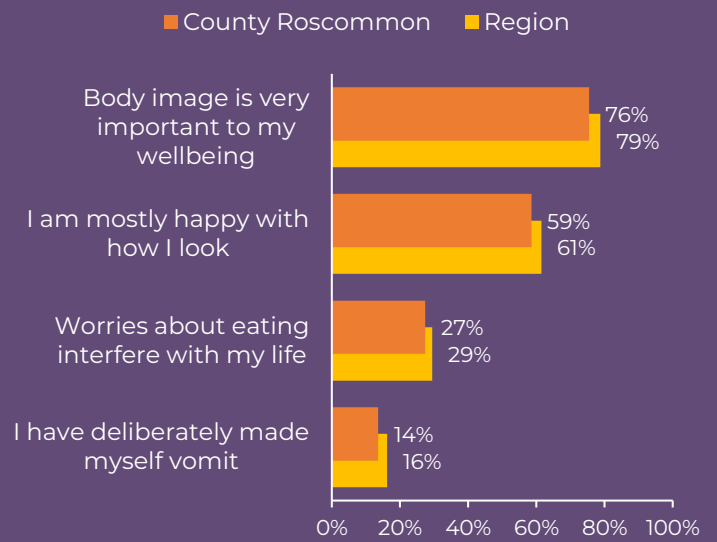
**Self-esteem scores**  
Rosenberg Scale



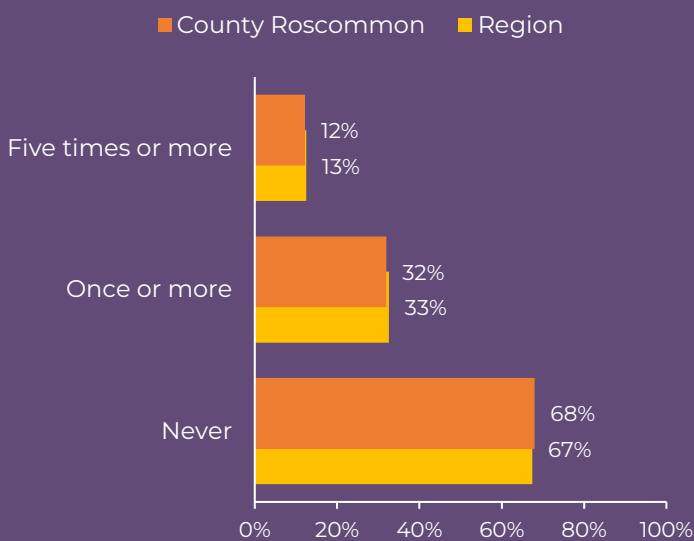
**Resilience scores**  
Brief Resilience Scale (BRS)



**Body image and eating**  
Pupils who agree that



**Pupils who reported self-harming during their lifetime**

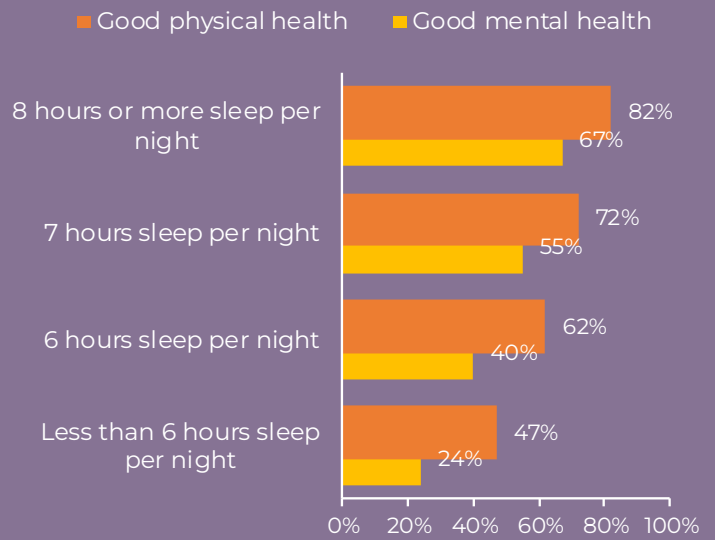


# Wellbeing Indicators

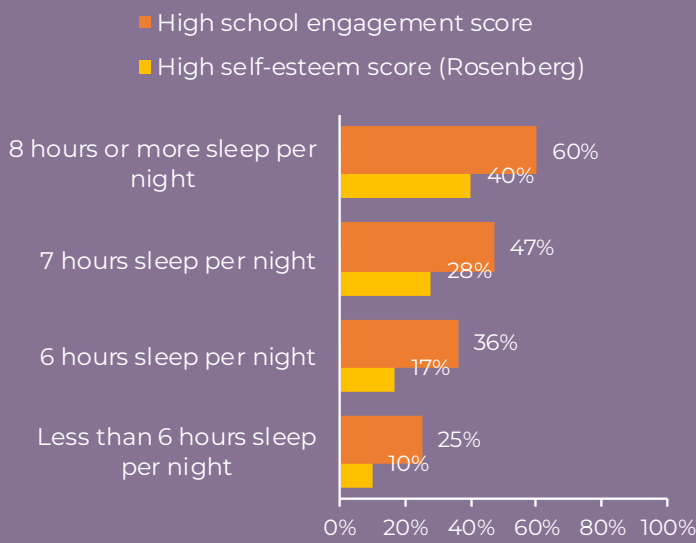
## Cross-Tabulations

The cross-tabulations shown in this section are used to highlight the relationship between variables. They help examine risk and protective factors in different domains and can identify areas to be considered when developing suitable interventions.

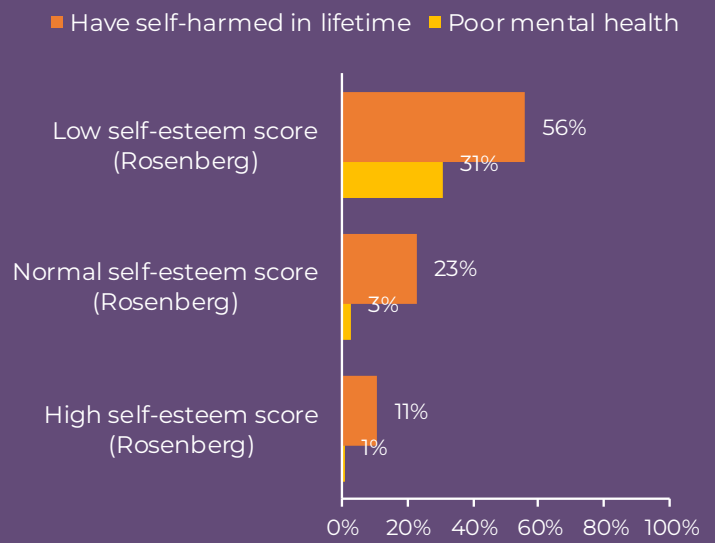
### Sleep against physical health and mental health



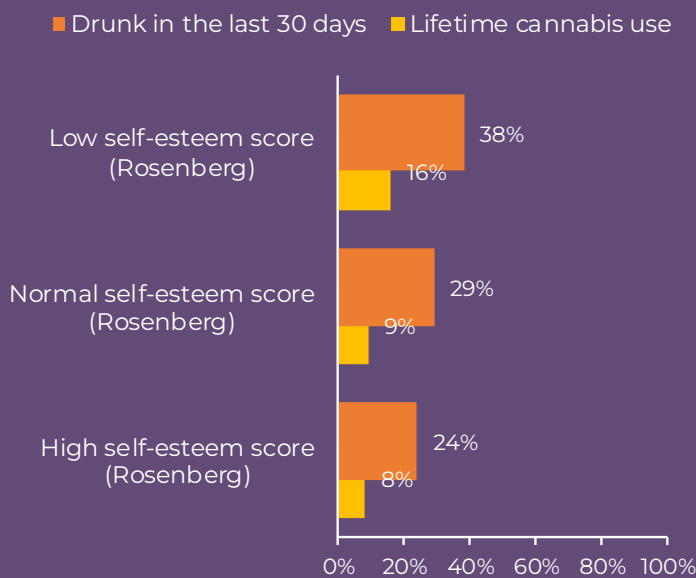
### Sleep against school engagement and self-esteem



### Self-esteem against self-harm and mental health



### Self-esteem against substance use





# SEXUAL HEALTH AND BEHAVIOUR

## Key Findings

**14%**

reported using pornography  
as a source of information to  
learn about sex

**9%**



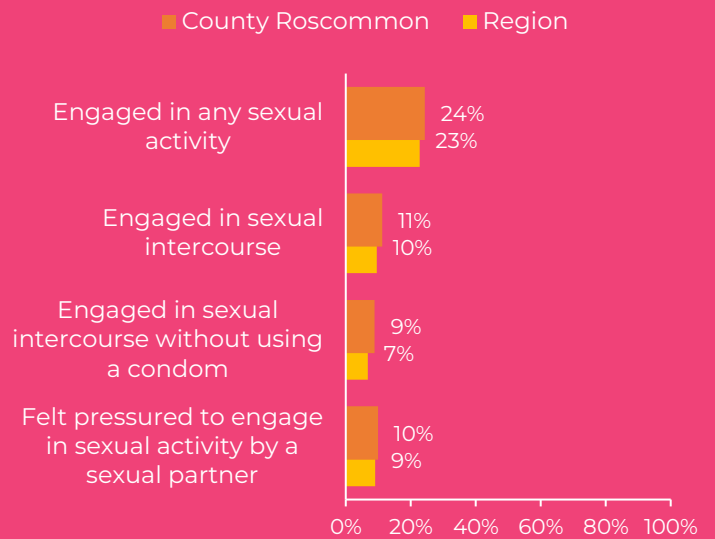
have engaged in sexual  
intercourse without using  
a condom

**30%**

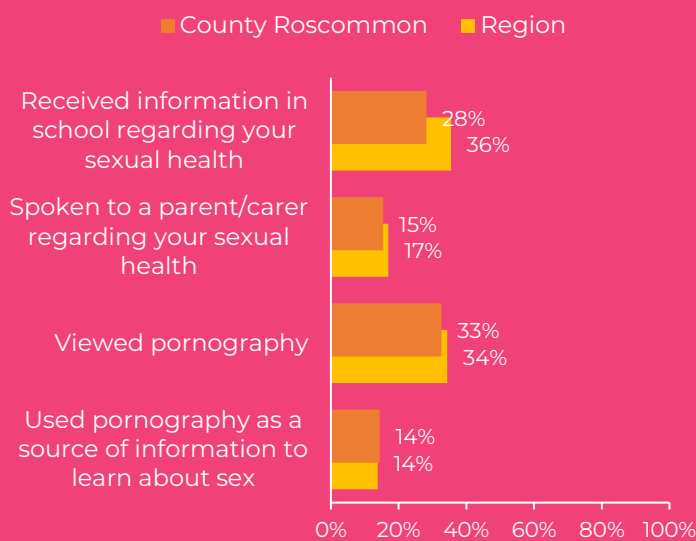
have been asked to send a  
sexually explicit image  
through social media

# Sexual Health and Behaviour

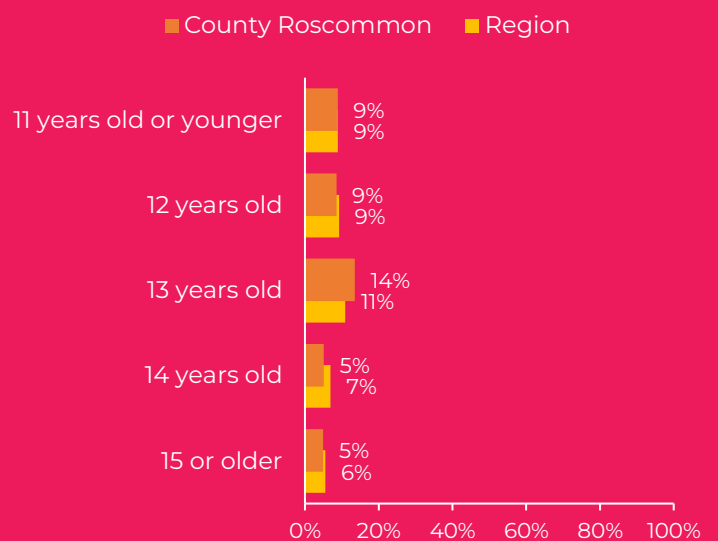
## Pupils that reported the following once or more in the last 12 months



## Pupils that reported the following once or more in the last 12 months

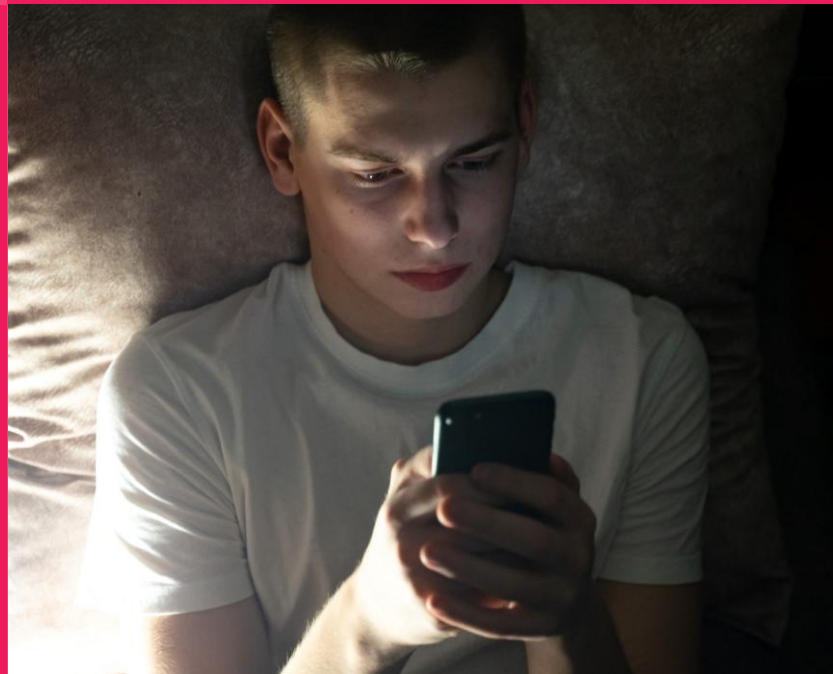
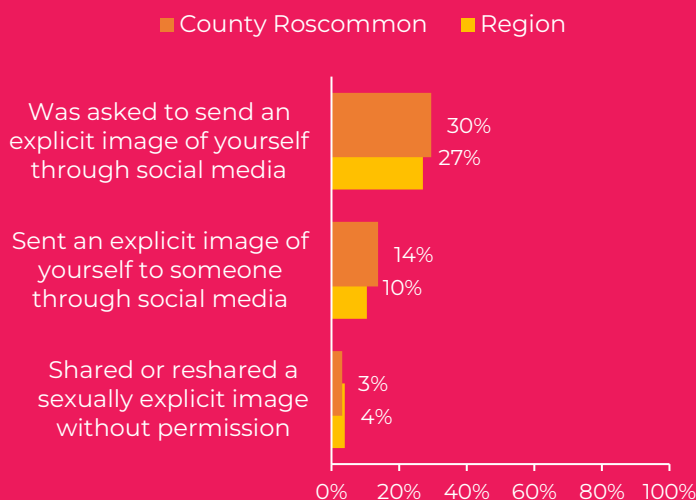


## At what age did you view pornography for the first time?



## Sexting

The following has happened once or more often



# Sexual Health and Behaviour

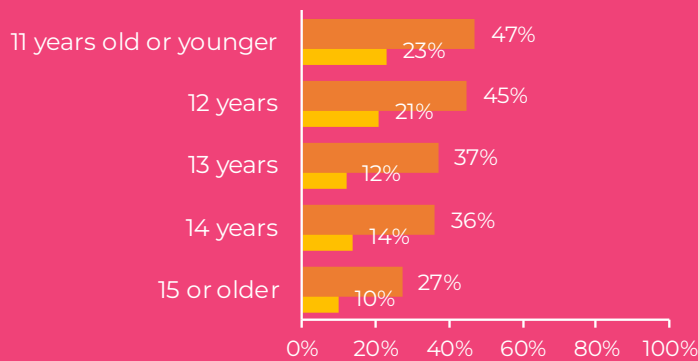
## Cross-Tabulations

The cross-tabulations shown in this section are used to highlight the relationship between variables. They help examine risk and protective factors in different domains and can identify areas to be considered when developing suitable interventions.

### Age of first pornography use against sexual activity

At what age did you view pornography for the first time?

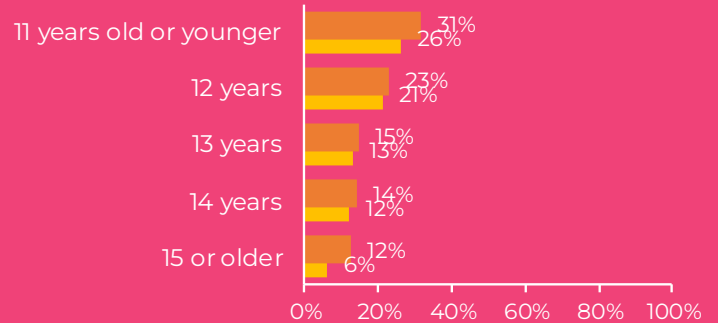
- Have engaged in any sexual activity
- Have engaged in sexual intercourse



### Age of first pornography use against sexting

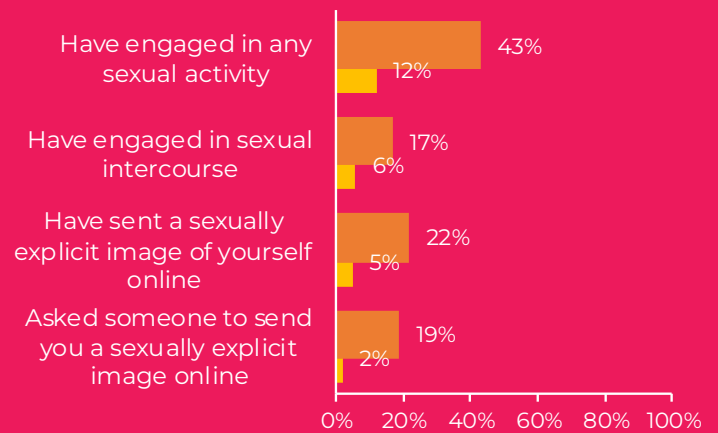
At what age did you view pornography for the first time?

- Have sent a sexually explicit image of yourself online
- Asked someone to send you a sexually explicit image online



### Sexual activity against pornography use

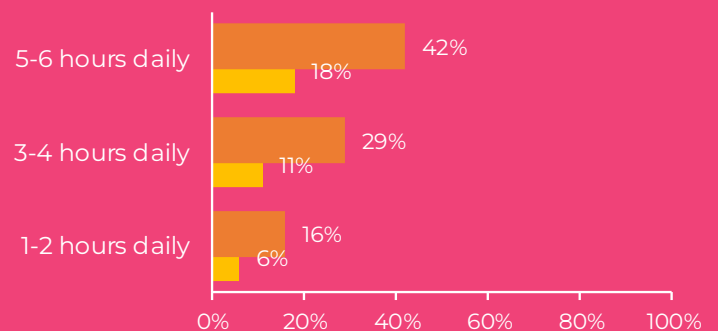
- Have viewed pornography in the last 12 months
- Have not viewed pornography in the last 12 months



### Time on social media against sexting

Hours each day spent using social media

- Have been asked to send a sexually explicit image online
- Have sent a sexually explicit image online







# GENDER DIFFERENCES

## Key Findings

**67%**

of males reported good mental health

**46%**

of females reported good mental health

**23%**

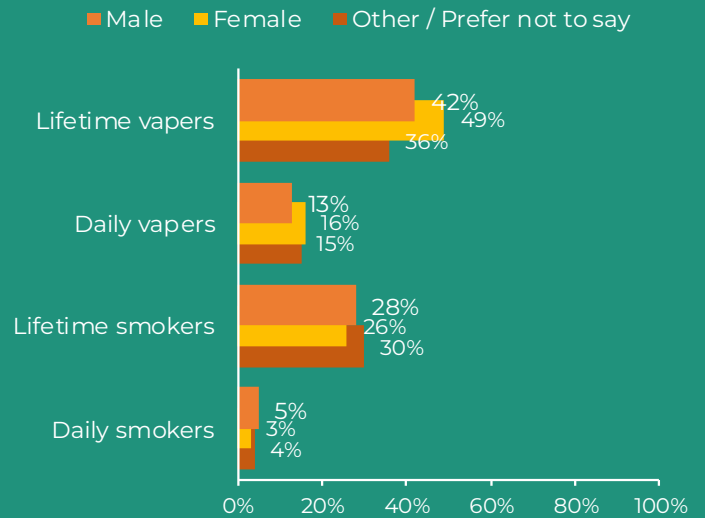
of those who chose a different option for their gender reported good mental health

# Gender Differences

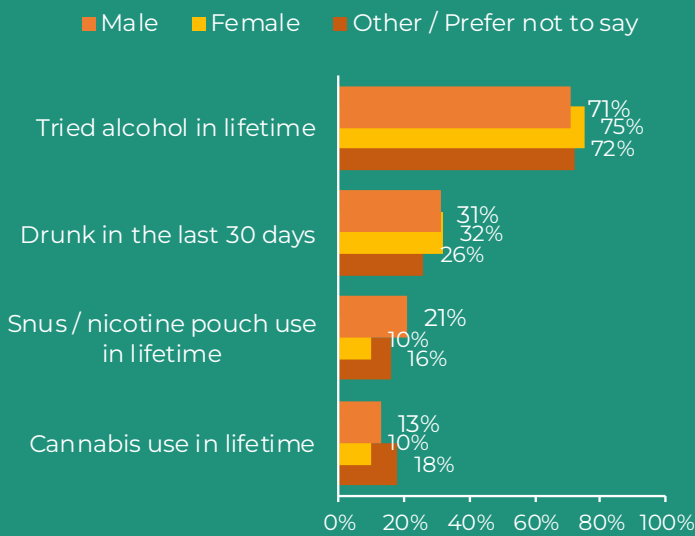
The charts in this section are intended to highlight some of the differences in how male and female pupils reported in the survey.

There is also collective information on the pupils who selected transgender, non-binary, other, or prefer not to say when answering the gender question at the outset of the survey.

## Substance use

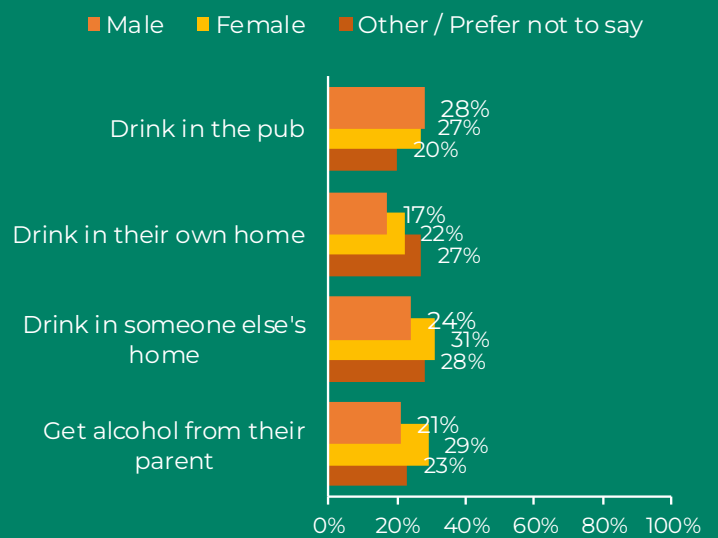


## Substance use

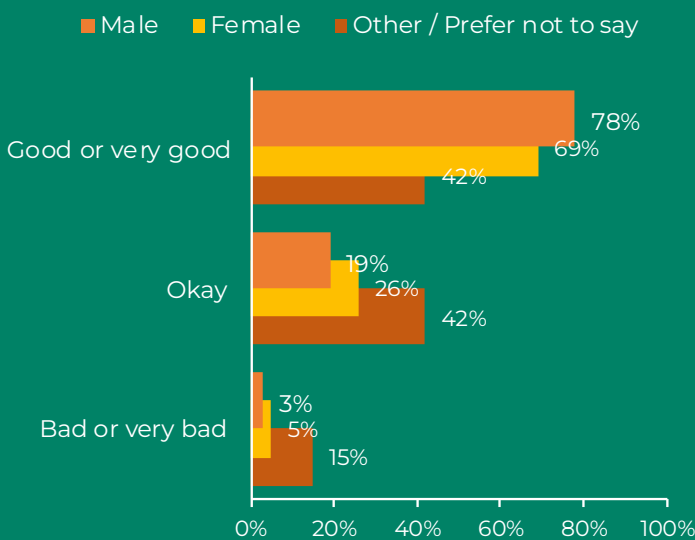


## Alcohol use

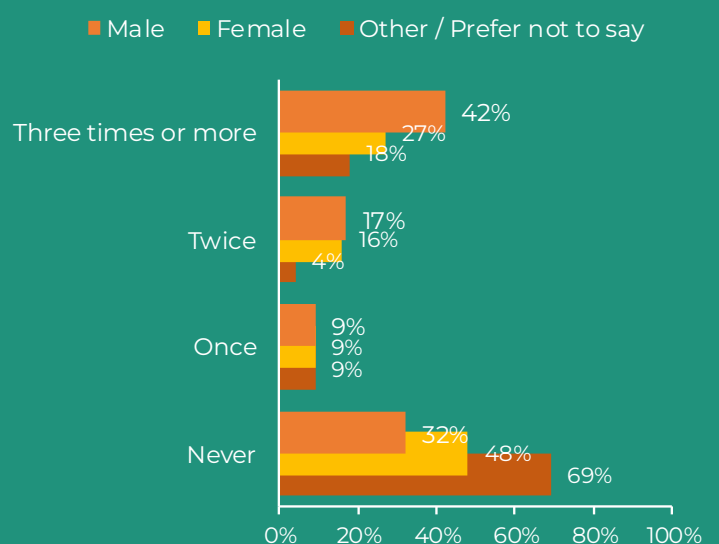
Pupils that sometimes or often



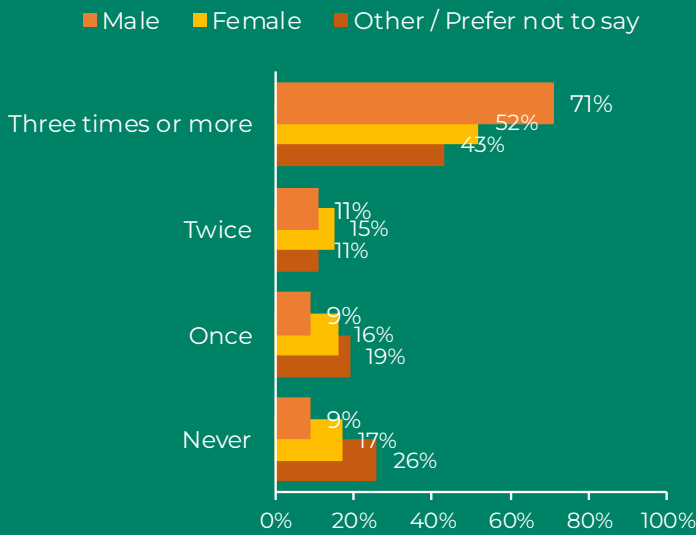
## How pupils rate their physical health



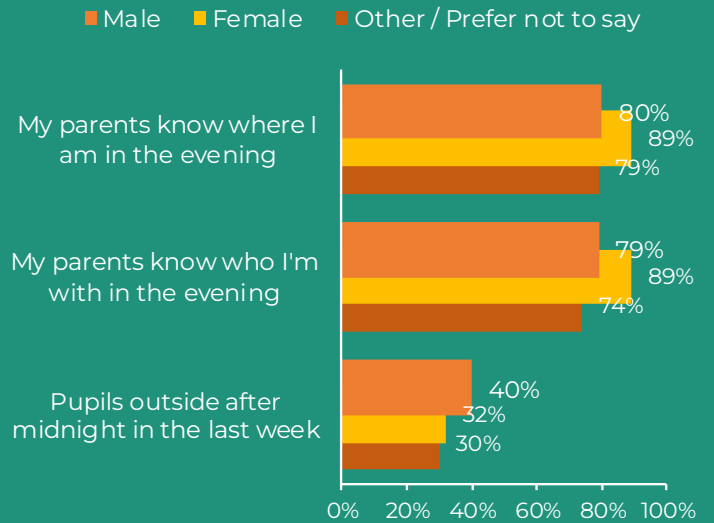
## Times each week that pupils play team sports



### Times each week doing a total of 60 min of physical activity

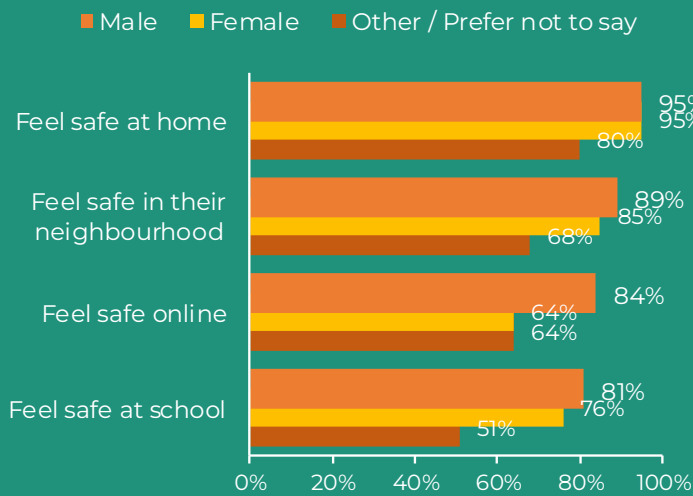


### Parental supervision



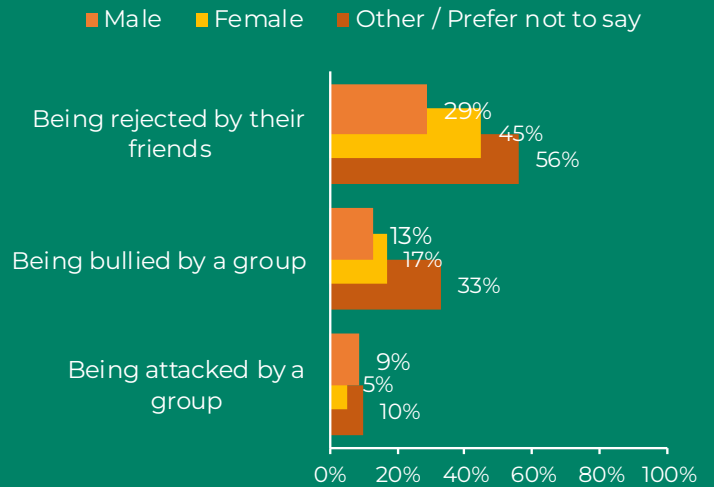
### Personal safety

Pupils who say that they often or very often

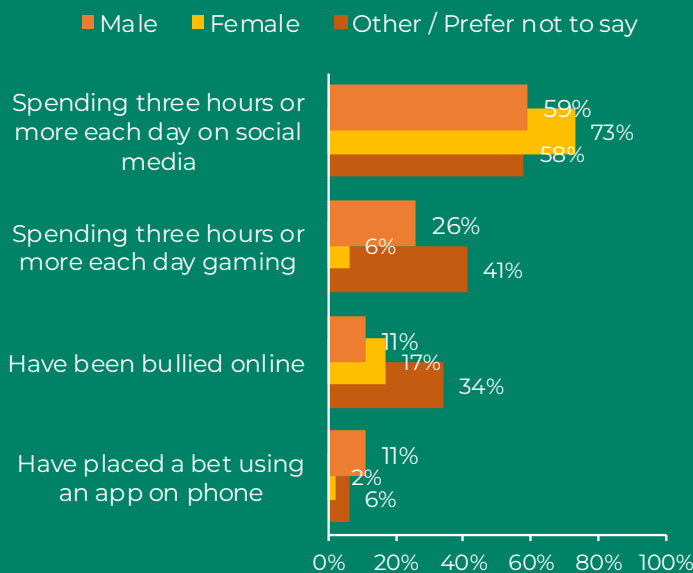


### Bullying and exclusion

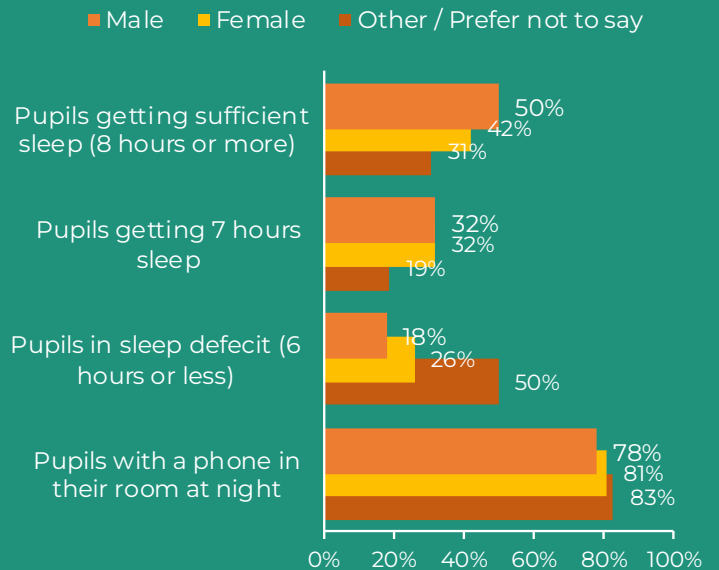
Pupils that report the following



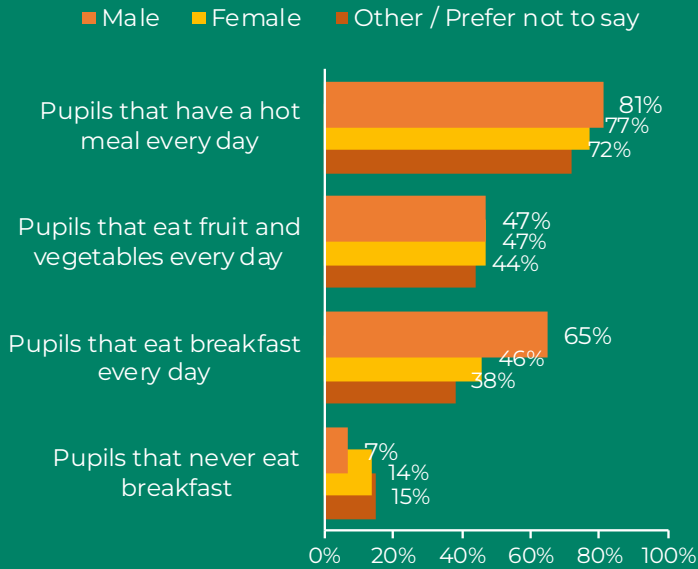
### Screens and online behaviour



### Sleep

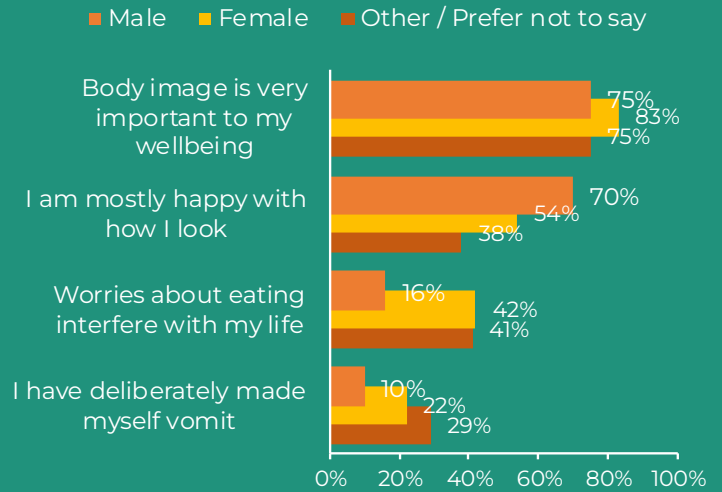


### Diet

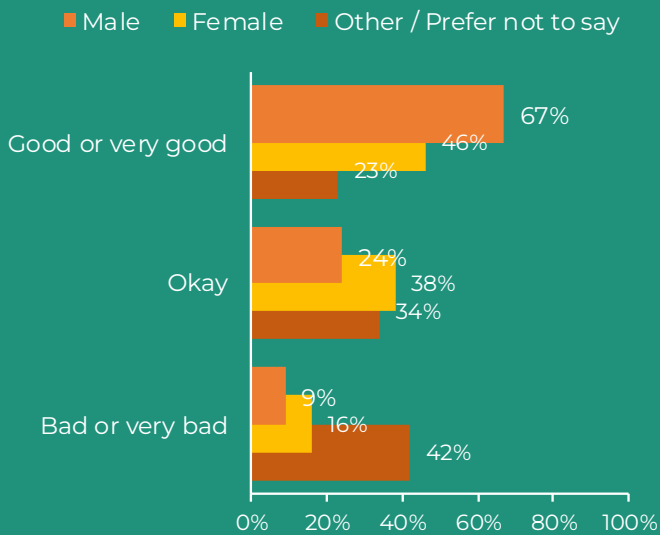


### Body image and eating

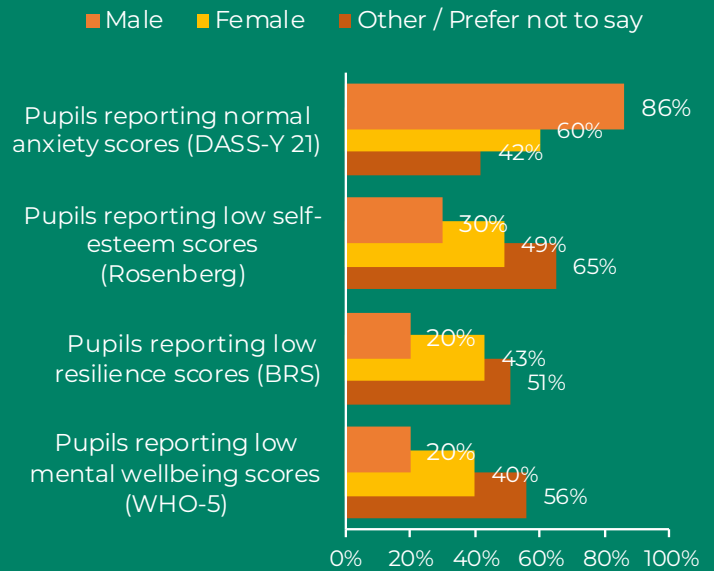
Pupils who agree or strongly agree that



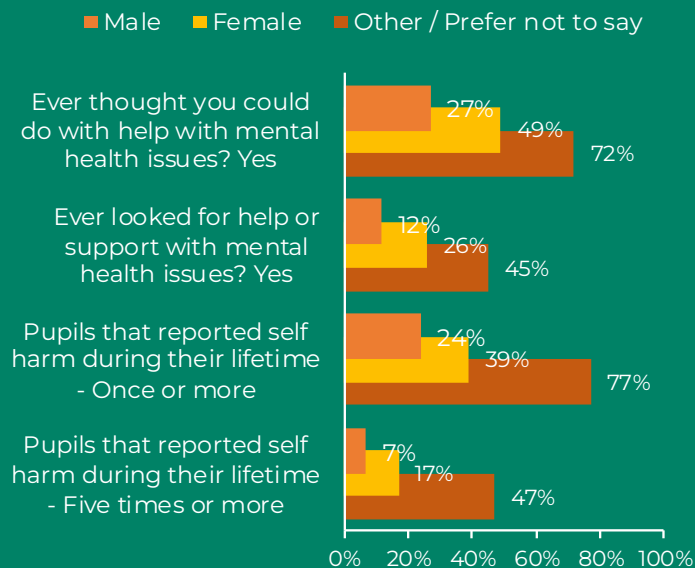
### How pupils rate their mental health



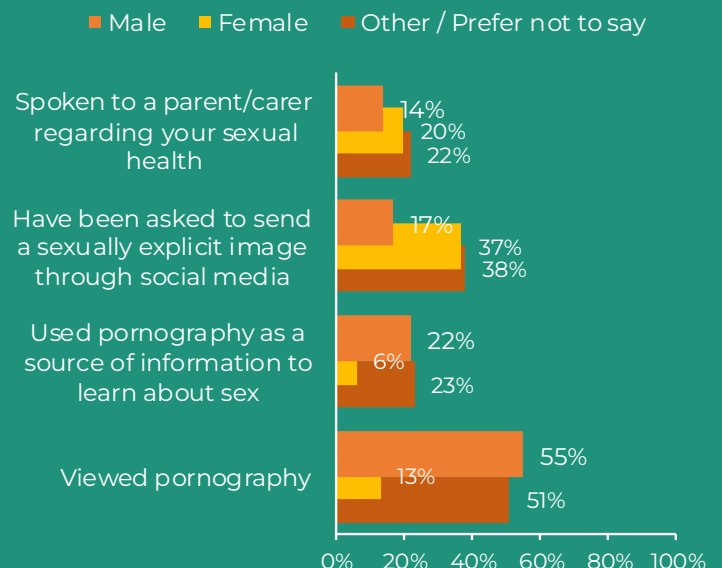
### Mental wellbeing



### Mental wellbeing



### Sexual health and behaviour



## 5 Conclusion

The survey highlighted that adolescent alcohol use and drunkenness remain our most concerning substance use problem, and there is a significant societal tolerance of this issue. Across the Western region, the number of teenagers that reported drinking in the pub has increased, and the downward trend has continued for perceived parental disapproval of drunkenness. More encouragingly, regional smoking and cannabis use rates have reduced. However, the number of pupils that are daily vapers remains high.

Sleep deficiency continues to be an issue that needs attention. Lack of sleep is having a profound effect on overall wellbeing rates and appears to be the most significant health problem facing our teenage population. In relation to this, the amount of time spent on social media has been steadily increasing with each survey and the number of teens that reported phones in bedrooms at night, whilst down marginally, remains very high.

The DASS-Y Scale, a new measure in the 2024 survey, and which provides a measure for depression, anxiety, and stress, indicates that approximately a quarter of teenagers have poor mental wellbeing. Similar numbers of teenagers report low scores on the Brief Resilience Scale (BRS) and the Rosenberg Self-Esteem Scale (RSES).

The primary prevention model provides us with the opportunity to help address some of these issues. Through the development of data-informed interventions that influence and improve the risk factors in the lives of our young people, we can seek to improve their long-term health and life outcomes. The model specifies that interventions are to be applied in the four domains of Parents and Family, Peer Group, Leisure Time and School.

### Parents and Family

Parents who provide emotional support, set clear rules and expectations, and monitor their teenager's activities are more likely to have teens who exhibit healthy behaviours and have lower rates of substance use.

One of the key parenting factors that has improved regionally, and across all four surveys, is the ease with which our young people can discuss personal matters with their parents. The survey illustrates that the majority of our teenagers have good relationships with their parents and carers and report high levels of happiness and safety in their homes and communities. It also shows high levels of parental support and monitoring.

On a less positive note, the decrease in perceived parental disapproval of drunkenness continues in the region. This factor is very closely correlated with increased underage alcohol use, and it also has a geographical component. Wherever parental disapproval is lower, the teenagers are drinking more, getting drunk more, and more likely to be drinking in the pub. In addition to parental tolerance, parental alcohol supply is an issue that warrants more attention. The teenagers that get alcohol from a parent are getting drunk at approximately two and half times the rate of those that don't. Introducing alcohol to teenagers at home, in the pursuit of teaching them to drink responsibly, may have the opposite effect.

The survey also highlights the extent to which some of our teenagers are living more challenging lives than others. One in eight teenagers have experienced domestic violence at home and similar numbers report parental addiction as an issue for one or both parents.

One in four teenagers report being in a carer role at home. This additional responsibility is correlated with having poorer mental health and wellbeing scores, having lower levels of school engagement, and missing more days at school.

### Peer Group

Peer groups play a crucial role in shaping teenage substance use behaviours. Teenagers are far more likely to use substances, and adopt other risky behaviours, if that is what their friends are doing. It is therefore important that we create supportive environments that encourage healthy behaviours and positive peer relationships.

In the survey, our young people report generally positive findings about friendships, peer support, and peer influence. However, young people need to be made more aware of the negative impact that exclusion can have on their friends. An analysis of the findings of the survey shows that the exclusion and rejection many teenagers experience is almost as impactful as more direct forms of bullying, and the rates of exclusion are much higher.

The regional rates for bullying and exclusion highlight that 15% of teenagers reported being bullied by a group and 38% reported being rejected by their friends. Both bullying and exclusion can be closely correlated with poor mental wellbeing, poor self-esteem and low resilience.

There are opportunities to build on these findings and empower teenagers with the necessary knowledge and skills to enhance resilience and strengthen their positive peer relationships.

### Leisure Time

We see in the latest data that young people with unstructured leisure time, such as those hanging out unsupervised at a friend's house, or hanging out in the streets, are at much higher risk for substance use behaviours. This aligns closely with concerns regarding the large number of teenagers spending time outside after midnight, another risk factor for increased substance use.

Another item of concern in the latest survey is the increase in time spent on social media by our young people and the lack of sleep closely associated with this. Lack of sufficient sleep is being experienced by over half of our teenagers and these teens are doing measurably worse across all wellbeing indicators. Lack of sleep is closely associated with both poor mental and physical health.

The correlation in the data between physical and mental health is very strong and further underlines the importance of providing our young people with opportunities to keep involved in structured activities. It is concerning that 13% of teenagers reported never engaging in any physical activity. Lack of physical activity is strongly linked to poorer physical, mental, and emotional wellbeing. It is essential to recognise the role that leisure time plays in shaping the development of young people and to provide them with opportunities to engage in meaningful and fulfilling activities that will benefit their overall wellbeing.

International Social Return on Investment (SROI) studies highlight that investing in youth infrastructure and activities leads to a range of positive health, social and economic outcomes. This includes the prevention of social problems, improved personal development, enhanced economic performance and significant savings to society. Policymakers have a role to support the provision of accessible supervised leisure activities and youth infrastructure to promote healthy behaviours and reduce the risk of substance use among teenagers.

### School

Most of our young people report being happy and safe in their schools, getting on with their teachers, and school engagement is high. Where we see young people that are not reporting this, such as those that want to leave school early, those with lower school engagement rates, or those that are skipping school, this can be a risk factor for substance use behaviours.

Our schools in the region each receive their own individual Planet Youth reports that give a more thorough insight into the school and life experiences of their student population. This will help them inform the work that is done within the Junior Cycle Wellbeing Guidelines and in the SPHE curricula for Junior and Senior Cycle.

## 6 Key Messages

### Substance Use

- Parental tolerance of teenage drunkenness has shown a notable change over the period of the four Planet Youth surveys. Wherever parental tolerance is high, the teenagers are drinking more, both at home and in the pub. Teenagers whose parents are more tolerant of drunkenness are four times more likely to get drunk.
- One of the most common places for teenagers to get drunk is at a friend's house, enabled by a parent or carer. Use of alcohol at a young age can impair brain development and will increase the likelihood of developing a dependency later in life. Those in parental roles can make a significant difference to the long-term health and wellbeing of our children by agreeing not to supply alcohol to teenagers in our homes.
- The daily use of vaping products is at high levels and nicotine pouch use has become a concern also. Nicotine is a substance that is highly addictive and these products are not suitable for teenagers.

### Home Life and Peer Group

- Parental engagement is a protective factor for substance use behaviour. Those pupils that report higher rates of parental supervision are less likely to engage in substance use behaviour.
- Having shared interests, regular family mealtimes, and family activities creates enjoyable time and space to chat with and listen to our teenagers. As they get older, it is important to maintain good quality parental support by communicating with them and staying connected, interested and engaged in what's happening in their lives.
- Keep an open dialogue with your teenager about positive peer relationships. Those who reported being rejected by friends are three times more likely to report poor mental health.

### Leisure Time

- Unsupervised leisure time correlates with higher levels of substance use. Teenagers that report hanging out in the streets regularly are nine times more likely to use cannabis and teens that spend unsupervised time at a friend's home are five times more likely to get drunk.
- Being outside after midnight is also a risk factor for substance use behaviour. Teenagers that report being outside after midnight in the last week are two and a half times as likely to get drunk.
- It is important that teenagers have access to a range of quality supervised, structured activities as they get older. Participation in supervised activities is a protective factor for substance use and promotes physical and mental wellbeing.

## Screen Use and Online Behaviour

- Each of the four surveys since 2018 has shown a substantial increase in time spent on social media. Teenagers that are spending excessive time on social media have lower self-esteem scores, wellbeing scores and school engagement scores. Screen use should be kept to a maximum of 2 hours per day, and after homework and other activities are completed.
- The survey highlighted that in the region, 80% of our teenagers have a phone in their bedroom at night. Screens should be off at least one hour before bedtime and kept out of bedrooms at night.

## Wellbeing Indicators

- Over half of our teenagers report sleeping for seven hours or less every night. Lack of sleep can be correlated with poorer mental and physical health, lower self-esteem and lower school engagement scores. Undisturbed sleep is critical and between 8 and 10 hours is recommended.
- Wellbeing and mental health are closely related to physical activity. Teenagers that never do any physical activity are twice as likely to report poor mental health, when compared to teens that do 60 mins of physical activity once a week or more.

## Sexual Health and Behaviour

- Across the region, 18% of teenagers reported viewing pornography at 12 years of age or younger. Those with early exposure to pornography are more likely to engage in sexual activity and to engage in sexting behaviour.
- Pornography use is also associated with unsafe sexual health practices and can create misleading expectations about sexual relationships. Regionally, 13% of our teenagers reported using pornography to learn about sex.



# 7

## Recommendations

The primary prevention model provides us with the evidence and the opportunity to improve health outcomes for our young people through the development of preventative interventions that incrementally improve the social environment they are growing up in.

The model specifies that these interventions are applied in the four major domains of Parents and Family, Peer Group, Leisure Time, and School. Recommendations in each of these domains are listed in this section.

### Parents and Family

1. CYPSC members in the region should use the Planet Youth findings to help inform the development of their work plans.
2. Services should support parents to implement the key messages within the Planet Youth parent booklets.
3. Services should signpost parents to the WRDATF Parent Hub for evidence-informed information on prevention, early intervention and treatment guidelines.
4. Parents should delay the initiation of alcohol use among teenagers until 18 years of age, in line with WHO guidelines, and agree not to supply alcohol to other teenagers in their homes.

### Peer Group

1. Youth services in the region should use the Planet Youth findings to support funding applications and service development.
2. Comhairle na nÓg and other youth fora in the region should use the Planet Youth findings to challenge the social norms related to substance use amongst their peers.
3. Youth services should utilise the Planet Youth findings to develop programmes that promote and enhance resilience in young people.

### Leisure Time

1. The Education and Training Boards should support the development of area-based youth clubs catering for all ages.
2. The Education and Training Boards should utilise all available funding schemes available for youth services to increase opportunities for structured leisure time activities.
3. Roscommon County LCDC and Roscommon County Council should use the Planet Youth findings to increase the variety of external youth spaces to enhance young people's sense of safety in their local area.
4. Roscommon County Council and Roscommon PPN should engage with community facilities to increase the range and variety of dedicated youth hang-out spaces such as youth cafes.

## School

1. National Schools: Distribute the Parent Power booklets annually to all incoming junior infant parents.
2. National Schools: Consider the development of formal parental agreements and networks as outlined in the Parent Power website.
3. Post-Primary Schools: Distribute the Parent Power first-year parent guidelines booklet annually to all incoming parents.
4. Post-Primary Schools: When conducting first-year parent information meetings communicate the key messages outlined in the Planet Youth Guidelines for Parents booklet.
5. Post-Primary Schools: Utilise the Planet Youth school reports and The Facts website to support SPHE and Wellbeing curriculum delivery.
6. Post-Primary Schools: Use the Planet Youth school reports and The Facts website to inform educational programmes that focus on resilience and peer support.

## 8

# Acknowledgements

The WRDATF would like to acknowledge our co-funders in this project; Roscommon County Council, Roscommon CYPSC, Tusla, and the HSE.

A huge thank you goes to the staff who acted as survey coordinators in the schools and centres. The surveys could not have happened without you.

Thanks go to the support services who kindly offered additional care to participants if required, namely Childline, Pieta House, Galway Rape Crisis Centre and Jigsaw.

Thanks to Dr. Bernadine Brady and Dr. Charlotte Silke, UNESCO Child and Family Research Centre, University of Galway, for professional guidance and additional data analysis.

Thank you to the ongoing work and support of the members of the Planet Youth committees and thematic subgroups. Their work supports the development of preventative interventions within the region.

A special acknowledgement to HSE Public Health for their ongoing assistance and support with the project and their communications with the Ethical Review Committee of the Royal College of Physicians of Ireland.

The local images used in the report were provided by a variety of agencies in the region and they are much appreciated. Thanks also go to Professor Chaosheng Zhang for the use of photos from his image library.

Finally, a big thank you to all the principals and coordinators of the 9 post-primary schools and 2 Youthreach centres in County Roscommon for facilitating the survey. Without your ongoing support the development of the prevention model would not be possible.



WINDMILL  
CONSTRUCTED BY EDWARD  
WILSON IN 1850  
AND REBUILT BY  
THE NATIONAL TRUST  
IN 1970  
DONATED BY  
LADY ELLIOTT  
IN 1980



[west.planetyouth.ie](http://west.planetyouth.ie)

